



Change order details by crossing out unwanted information and writing in desired details/instructions.  
Place a line through the X to remove the pre-checked option.

## VEDOLIZUMAB (ENTYVIO) INITIATION INFUSIONS (0, 2, & 6 WEEKS) [11500386] Columbia Network Infusion Centers

Select Location:  Southwest/Vancouver  St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

*I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.*

Labs	Interval
<input type="radio"/> Complete Blood Count W/ Automated Differential	Once
<input type="radio"/> Comprehensive Metabolic Panel	Once
<input type="radio"/> C-Reactive Protein	Once
<input type="radio"/> Sedimentation Rate, Westergren	Once

Pre-Medications	Interval	
<input type="radio"/> acetaminophen (TYLENOL) tablet 650 mg Once	Every Visit	Route: Oral
<input type="radio"/> diphenhydramine (BENADRYL) capsule 25 mg Once May use IV or PO	Every Visit	Route: Oral
<input type="radio"/> diphenhydramine (BENADRYL) injection 25 mg Once May use IV or PO	Every Visit	Route: IV

Supportive Care	Interval
<input checked="" type="checkbox"/> VEDOLIZUMAB (ENTYVIO) IVPB <i>After infusion complete, flush with 30 mL of Sterile 0.9 % NaCl.</i> Dose _____ Frequency _____	Route: IV

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Vital Signs prior to infusion and every 30 minutes during infusion.</i>	Every Visit

Vascular Access (single select)	Interval
<input type="radio"/> IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care	Every Visit

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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EHR5022-DT (12/08/2024)

VEDOLIZUMAB (ENTYVIO) INITIATION INFUSIONS (0, 2, & 6 WEEKS)

- Central line (non-PICC) Every Visit
  - Access vascular device and confirm patency
  - Initiate Central line (non-PICC) maintenance protocol
  - sodium chloride (NS) flush 10 mL
    - 10 mL As Needed for Line Care prior to medication administration PRN*
  - sodium chloride (NS) flush 10 mL
    - 10 mL As Needed for Line Care post medication administration PRN*
  - sodium chloride (NS) flush 20 mL
    - 20 mL As Needed for Line Care post lab draw PRN*
  - sodium chloride (NS) flush 10 mL
    - 10 mL for Line Care at discharge and de-access every visit*
  - heparin 100 units/mL 5 mL
    - 5 mL for de-access PRN*
  - alteplase (CATHFLO) injection 2 mg
    - Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*
- PICC line Every Visit
  - Access vascular device and confirm patency
  - Initiate PICC maintenance protocol
  - Nursing Communication
    - Change PICC line dressing weekly and PRN*
  - sodium chloride (NS) flush 10 mL
    - 10 mL As Needed for Line Care prior to medication administration PRN*
  - sodium chloride (NS) flush 10 mL
    - 10 mL As Needed for Line Care post medication administration PRN*
  - sodium chloride (NS) flush 20 mL
    - 20 mL As Needed for Line Care post lab draw PRN*
  - alteplase (CATHFLO) injection 2 mg
    - Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*

PRN Medications	Interval	
O sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
O sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Emergency Medications		Interval
<input checked="" type="checkbox"/> diphenhydramine (BENADRYL) injection 25-50 mg	PRN	Route: IV  <i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.</i>

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Provider Signature

Date

### Time

Provider's Printed Name:

Place Patient Label Here

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## **VEDOLIZUMAB (ENTYVIO) INITIATION INFUSIONS (0, 2, & 6 WEEKS)**

✗ albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation  
*2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.*

✗ methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg PRN Route: IV  
*125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.*

✗ EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg PRN Route: Intramuscular  
*0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.*

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Provider Signature

Date

Time

Provider's Printed Name:

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Place Patient Label Here

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**VEDOLIZUMAB (ENTYVIO) INITIATION INFUSIONS (0, 2, & 6 WEEKS)**