



INFUSION SUITE		SIMPONI ARIA INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> TB: _____ <input type="checkbox"/> Hepatitis B: _____ * Both required annually			
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1		
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1		
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1		
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
SIMPONI ARIA ORDERS			
<input type="checkbox"/> Loading:	Simponi Aria 2 mg/kg Week 0, Week 4		
<input type="checkbox"/> Subsequent:	Simponi Aria 2 mg/kg every 8 weeks X _____		
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
406 Provider Printed:			
406 Provider Signature:		Date:	

***Credentials must be included**

Infusion Directions:

- Remove vial(s) and allow to come to room temp before administration
- Withdraw a volume of NS equal to the volume of the Simponi ARIA dose from the infusion bag
- Withdraw the dose of Simponi ARIA from the vial(s) and add slowly into the NS bag
- Discard and document any drug waste
- Infuse over 30 minutes with an inline, sterile, nonpyrogenic, low protein binding filter (0.22 micron or less)

See Simponi ARIA full dosing calculator: <https://www.simponiariahcp.com/dosing/dosing-calculator>