



**406
ARTHRITIS
CLINIC**

Get back to your 406 life!

INFUSION SUITE		SKYRIZI 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: _____ LFT's: _____			
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: _____			
SKYRIZI ORDERS <i>*Crohn's Diagnosis Only</i>			
<input type="checkbox"/> Skyrizi: 600mg IV over 1 hour in _____ mL week 0, Week 4, and Week 8			
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:

- Withdraw 10 mL of Skyrizi solution from the vial and inject into an intravenous infusion bag or glass bottle:
5% Dextrose (600 mg/10 mL in 100 mL, or 250 mL, or 500 mL)
Final concentration of approximately 1.2mg/mL to 6 mg/mL.
- Do not shake the vial or diluted solution in the infusion bag or glass bottle
- Allow the diluted Skyrizi to come to room temperature prior to administration
- Infuse over at least 1 hour. Infusion must be completed within 8 hours of dilution.