INFUSION SUITE		ENTYVIO INFUSION ORDERS	
406 Arthritis Clinic LLC		**Phone: 406-345-0211**	**Fax: 747-205-0742**
2409 Arnold Ln Ste 9 Billings, MT 59102			
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		
☐ **TB: __________ *Annual**			
Additional labs:			
☐ **Insert IV**	☐ **Access Port/PICC**		
	PREMEDICATIONS 30 minutes prior to starting		
☐ **Acetaminophen:**	☐ 325mg PO X1 ☐ 500mg PO X1 ☐ 650mg PO X1		
☐ **Diphenhydramine:**	☐ 25mg IVP X1 ☐ 25mg PO X1 ☐ 50mg IVP X1 ☐ 50mg PO X1		
☐ **Solumedrol:**	☐ 40mg IV X1 ☐ 100mg IV X1 ☐ 125mg IV X1		
☐ **Antihistamine:**	☐ Cetirizine 10mg PO X1 ☐ Loratadine 10mg PO X1		
☐ **Additional PRN:**			
	ENTYVIO ORDERS		
☐ Loading:	300mg IV	week 0, week 2, week 6	
☐ Maintenance:	300mg IV	every _______ weeks	

**PI requires every 8 weeks*

POST INFUSION

☐ Flush IV line with NS. D/C IV.
☐ Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.
☐ 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:

- Bring vials to room temperature. Reconstitute Entyvio with 4.8 mL sterile water.
- Direct the stream toward to side of the vial. Gently swirl for at least 15 seconds.
- Solution can sit for up to 30 minutes to dissolve. Vial can be swirled and inspected.
- Once dissolved, gently invert 3 times. Withdraw 5mL of Entyvio and add to 250mL NS bag.
- Infuse over 30 minutes (no filter required for tubing)