



INFUSION SUITE		ENTYVIO INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>			
Name:		DOB:	
<b>MEDICAL INFORMATION</b>			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
<b>REQUIRED TESTING</b>			
<input type="checkbox"/> TB: _____ *Annual			
Additional labs: _____			
<input type="checkbox"/> Insert IV		<input type="checkbox"/> Access Port/PICC	
<b>PREMEDICATIONS 30 minutes prior to starting</b>			
<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"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV 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:			
<b>ENTYVIO ORDERS</b>			
<input type="checkbox"/> Loading:	300mg IV	week 0, week 2, week 6	
<input type="checkbox"/> Maintenance:	300mg IV	every _____ weeks	
*PI requires every 8 weeks			
<b>POST INFUSION</b>			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG 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)