

INFUSION SUITE		CIMZIA INJECTION 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 injection			
<b>REQUIRED TESTING</b>			
<input type="checkbox"/> TB: _____ <input type="checkbox"/> Hepatitis B: _____ *Both required annually			
Additional labs:			
<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>CIMZIA ORDERS</b>			
<input type="checkbox"/> Loading:	Cimzia subq <input type="checkbox"/> 200mg <input type="checkbox"/> 400mg	Week 0, Week 2, Week 4	
<input type="checkbox"/> Maintenance:	Cimzia subq <input type="checkbox"/> 200mg <input type="checkbox"/> 400mg	Every 4 weeks X _____	
<b>POST INJECTION</b>			
<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**

**Injection Directions:**

- Remove vial and allow to come to room temp for 30 minutes before reconstituting
- Reconstitute with 1mL Sterile Water using the 20G needle provided. Direct the SW at the vial wall
- Gently swirl each vial for about 1 minute, do not shake. Reconstitution may take as long as 30 minutes.
- Continue swirling every 5 minutes as long as non-dissolve particles
- Do not leave reconstituted Cimzia at room temperature for more than 2 hours before administration
- Withdraw the reconstituted solution into separate syringes using a new 20G needle for each vial
- Replace the 20G needle on the syringes with 23G needles for administration.
- Administer the full contents of the syringe subcutaneously in the thigh or abdomen
- When 400mg dose is required, separate injection sites will be used.