DURANGO INFUSION

INFUSION SUITE	SKYRIZI INFUSION ORDERS

Durango Infusion Center
270 E 8th Ave Ste N101 Durango, CO 81301 Phone: 970-828-3500 Fax: 970-828-3501

PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards

Name:	DOB:

MEDICAL INFORMATION

ICD10 / Diagnosis:	Height:
Allergies / Hypersensitivities:	Weight (kg):
	*Weigh patient at each visit

REQUIRED CLINICAL DOCUMENTATION

☐ TB *Initiation	☐ ALT, AST, Bilirubin Prior to initation and then every 4 weeks
Additional labs:	
☐ Insert IV	☐ Access Port/PICC

PREMEDICATIONS 30 minutes prior to starting

☐ Acetaminophen:	☐ 325mg PO X1	☐ 500mg PO X1	☐ 650mg PO X1	☐ 1000mg PO X1
☐ Diphenhydramine:	☐ 25mg IV X1	☐ 25mg PO X1	☐ 50mg IV 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:				

SKYRIZI ORDERS

☐ Skyrizi 600 mg IV in _____mL NS over 1 hour on week 0, week 4, and week 8 for Crohn's and Plaque Psoriasis

☐ Skyrizi 1200 mg IV in _____mL NS over 2 hours on week 0, week 4, and week 8 for Ulcerative Colitis

POST INFUSION

☐ Flush IV line with 25mL NS at the same rate of infusion. D/C IV.

☐ Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess

☐ Discharge home

Signature:	Date:
Provider Name/Credentials:☐	Provider Phone:
Provider Name/Credentials:☐	Provider Name/Credentials:☐
Provider Name/Credentials:☐	Provider Name/Credentials:☐
Provider Name/Credentials:☐	Provider Name/Credentials:☐

Vaccinations: No live vaccines 30 days prior to infusing or during Skyrizi treatment

Infusion Directions:

- Withdraw Skyrizi solution from the vial(s) and inject into an intravenous infusion bag or glass bottle:
  Crohn's / Plaque Psoriasis - 600mg dose in 100 mL, 250 mL, or 500 mL NS
  Ulcerative Colitis - 1200 mg dose in 250 mL or 500 mL NS
- 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 for **600mg dose** and 2 hours for **1200mg dose**