

INFUSION SUITE		COSENTYX 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			
<input type="checkbox"/> TB and HepB prior to initiation			
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"/> 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:			
COSENTYX ORDERS *Loading dose - 6mg/kg and no max dose. Maintenance dose max is 300mg			
<input type="checkbox"/> Loading: Cosentyx 6mg/kg IV in _____ mL over 30 minutes			
<input type="checkbox"/> Maintenance: Cosentyx 1.75mg/kg IV in _____ mL over 30 minutes every 4 weeks			
POST INFUSION			
<input type="checkbox"/> Flush IV line with 50mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 50mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home			
Signature:		Date:	
Provider Name/Credentials: <input type="checkbox"/>		Provider Phone:	
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>	
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>	
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Infusion Directions:

- Bring vials to room temperature.
- Withdraw the amount of NS from the saline bag equal to amount of medication to be added.
- Gently invert the bag to avoid foaming.
- Infuse over 30 minutes (filter tubing required - 0.2 micrometer). Flush with 50mL NS following infusion.

Body weight at time of dosing	For the loading dose (6 mg/kg) recommended infusion bag	For maintenance dose (1.75 mg/kg) recommended infusion bag
Greater than 52 kg	100 mL	100 mL
Less than or equal to 52 kg	100 mL	50 mL*

Nursing Considerations:

- Not all patients will require a loading dose
- Avoid live vaccines
- May be administered with or without methotrexate for PsA
- Patients at risk for eczematous eruptions ranging from days to months after first dose
- Monitor patients for the development of IBD