

| 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: | | NPI: | Provider Phone: |
| Provider Name/Credentials: | | Provider Name/Credentials: | |
| Provider Name/Credentials: | | Provider Name/Credentials: | |
| Provider Name/Credentials: | | Provider Name/Credentials: | |

- 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