# DURANGO INFUSION

| INFUSION SUITE | ILUMYA INJECTION ORDERS | |
|---|---|---|
| **Durango Infusion Center** | **Phone: 970-828-3500** | **Fax: 970-828-3501** |
| **270 E 8th Ave Ste N101 Durango, CO 81301** | | |
| **PATIENT INFORMATION - Include Patient Demographics and Insurance Cards** | | |
| **Name:** | **DOB:** | |

| MEDICAL INFORMATION | | |
|---|---|---|
| **ICD10:** | **Patient Height:** | |
| **Patient Weight (kg):** | **Allergies:** | |
| *Weigh patient prior to each infusion | | |

## REQUIRED TESTING

☐ **TB: _____  *Annual**

**Additional labs:**

## 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:** | | | | |

## ILUMYA ORDERS

| | | |
|---|---|---|
| ☐ Loading: | Ilumya 100mg subcutaneous at week 0 and week 4 | |
| ☐ Maintenance: | Ilumya 100mg subcutaneous every 12 weeks X _____ | |

## POST INJECTION

☐ Discharge home

| | | | |
|---|---|---|---|
| **Referring Provider Printed:** | | **NPI:** | |
| **Referring Provider Signature:** | | **Date:** | |
| **Referring Provider Phone:** | | **Referring Provider Fax:** | |
| **DNG Provider Printed:** | | | |
| **DNG Provider Signature:** | | **Date:** | |

*Credentials must be included*

**Injection Directions:**

• Remove pre-filled syringes and allow to sit at room temperature for at least 30 minutes
• Inject in the thigh, abdomen (greater than 2" around navel), or outer area of upper arm

**Nursing Considerations:**

• Air bubbles may be present in the prefilled syringe, there is no need to remove them.
• Syringe has a safety mechanism - when injecting, depress the blue plunger completely