

INFUSION SUITE		SIMPONI ARIA INFUSION 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 infusion			
<b>REQUIRED TESTING</b>			
<input type="checkbox"/> TB: _____ <input type="checkbox"/> Hepatitis B: _____ * Both required annually			
<b>Additional labs:</b>			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
<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"/> Methylprednisolone:	<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>SIMPONI ARIA ORDERS</b>			
<input type="checkbox"/> Loading:	Simponi Aria 2 mg/kg Week 0, Week 4		
<input type="checkbox"/> Subsequent:	Simponi Aria 2 mg/kg every 8 weeks X _____		
<b>POST INFUSION</b>			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home			
<b>Referring Provider Printed:</b>		<b>NPI:</b>	
<b>Referring Provider Signature:</b>		<b>Date:</b>	
<b>Referring Provider Phone:</b>		<b>Referring Provider Fax:</b>	
<b>DNG Provider Printed:</b>			
<b>DNG Provider Signature:</b>		<b>Date:</b>	

\*Credentials must be included

**Infusion Directions:**

- Remove vial(s) and allow to come to room temp before administration
- Withdraw a volume of NS equal to the volume of the Simponi ARIA dose from the infusion bag
- Withdraw the dose of Simponi ARIA from the vial(s) and add slowly into the NS bag
- Discard and document any drug waste
- Infuse over 30 minutes with an inline, sterile, nonpyrogenic, low protein binding filter (0.22 micron or less)

See Simponi ARIA full dosing calculator: <https://www.simponiariahcp.com/dosing/dosing-calculator>