

INFUSION SUITE		TREMFYA 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				
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"/> 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:				
ORDERS				
<input type="checkbox"/> Tremfya 200 mg IV in 250mL NS over at least one hour at Week 0, 4, and 8				
POST INFUSION				
<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				
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:	

**Infusion Directions:**

- Withdraw and discard 20 mL of the NS from the 250 mL infusion bag which is equal to the volume of Tremfya to be added
- Withdraw 20 mL of Tremfya from the vial and add it to the 250 mL IVinfusion bag for a final concentration of 0.8 mg/mL.
- Gently mix the diluted solution. Discard the vial with any remaining solution.
- Infuse over 60 minutes using an infusion set with a 0.2 or 0.22 micron in-line filter