

11232510

Outpatient Infusion Center

Fax: 405-307-2244 Phone: 405-515-2470



Guselkumab (Tremfya)

Guseikulliab (Treilliya)		
Patient and Physician Information		
Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Thysician Name.	Office I fione Humber:	Tax rumber.
Insurance:	Group Number:	Policy Number:
ilisui alice.	Group Number.	r oney Number.
Hagnitalization Status	Patient Weight (kg):	Height (inches):
Hospitalization Status:	Patient Weight (kg).	neight (inches).
☑ Outpatient to Outpatient Infusion Center		
Allergies:		
Send patient demographic	s/insurance, clinical notes, and	test results with orders
	<u> </u>	
Diagnosis Code/Description for treatn	nent:	
☐ Adult Crohn Disease (K50.00)		
☐ Adult Ulcerative Colitis (K51.00)		
Laboratory		
☐ CBC WITH DIFFERENTIAL	☐ COMPREHENSIVE METABOL	IC PANEL
Other:		
Ondone		
Orders		
Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port ☐ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)		
Normal Same 0.9 % Solution 20 minimer/not	II INTRAVENOUS (37050 . 250 ML :	= i unit)
Infusion Cupalkumah (Tramfus) [14	C20 - 4 MC 4	
Infusion – Guselkumab (Tremfya) [J1		and values a of 250 mal. INTRAVENOUS
☑ Guselkumab (Tremfya) 200 MG diluted in ONCE over 60 minutes.	0.9% Normal Saline Solution to a life	ial volume of 250 mL INTRAVENOUS
ONOL OVER SO Minutes.		
Date of Service: First Dose () next initial dose 4 weeks after first initial dose, then 3 rd dose is 8 weeks		
after first initial dose. If patient tolerates doses, may begin self-administering maintenance dosing at week 16.		
Infusion Reaction		
☑ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient		
Infusion HYPERsensitivity, OIC orders #1024		
Discharge ☑ Discharge home 30 minutes after treatment complete if stable.		
Date and Physician Signature		
Date and Physician Signature		
DATE: TIME:		PHYSICIAN'S SIGNATURE

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