NORMAN REGIONAL Health System

Outpatient Infusion Center

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

ORD

Vedolizumab (Entyvio)

Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	**Office Phone Number:**	**Fax Number:**
Insurance:	**Group Number:**	**Policy Number:**
Hospitalization Status:	**Patient Weight (kg):**	**Height (inches):**
☑ Outpatient to Outpatient Infusion Center		
Allergies:		

*****Send patient demographics/insurance, clinical notes, and test results with orders*****

Diagnosis Code/Description for treatment: _____

☐ Adult Crohn Disease
☐ Adult Ulcerative Colitis

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)

Other:_____

Premedication

☐ DiphenhydrAMINE (Benadryl) 25 MG IV PUSH ONCE
☐ Acetaminophen (Tylenol) 325MG 2 TAB ORAL ONCE

Infusion – Vedolizumab (Entyvio) [J3380 : 1 MG = 1 unit]

Initial Dosing – 3 doses

☑ Vedolizumab (Entyvio) 300 MG in 250 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE over 30 minutes. Flush with 30 mL of normal saline after each infusion.

Date of Service: First Dose (_____) next initial dose 2 weeks after first initial dose, then last initial dose 6 weeks after first initial dose, then 8 weeks after last initial dose begin maintenance dose.

Maintenance Dose – Starts 8 weeks after LAST initial dose given.

☑ Vedolizumab (Entyvio) 300 MG in 250 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE over 30 minutes EVERY 8 WEEKS, flush with 30 mL of normal saline after each infusion.

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:_____ **TIME:**_____

_____
PHYSICIAN'S SIGNATURE

10622508

DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES