



INFUSION & WOUND THERAPY
1200 W FAIRVIEW ST
COLFAX, WA 99111-9579

TELEPHONE: (509) 397-5771
FAX: (509) 397-3282

Whitman Hospital Treatment Plan: VEDOLIZUMAB (ENTYVIO)

Patient Information		Date:	
Patient Name:		DOB:	
Phone Number:		Ordering Provider:	
WHMC Primary Provider:		Address:	
Phone:			
<input type="checkbox"/> Special Needs (describe):			
Weight (kg):	Height:	Phone:	Fax:
Allergies:			
Diagnosis (description):			
ICD-10:		Medication:	
		Authorization Number:	
FAX MUST INCLUDE: History and Physical/Review Systems/Recent Inpatient Note (Must be current within 6 months of treatment)			

LAB ORDERS

- ☐ CBC with differential, ROUTINE, ONCE, every 16 weeks
☐ CMP, ROUTINE, ONCE, every 16 weeks

Additional Labs: _____ Frequency: _____

INDUCTION DOSE

- ☐ vedolizumab (ENTYVIO) 300mg in sodium chloride 0.9% 250mL IVPB administer over 30 minutes. Flush with 30 mL NS after giving. **WEEK 0, WEEK 2, WEEK 6**

MAINTENANCE DOSE

- ☐ vedolizumab (ENTYVIO) 300mg in sodium chloride 0.9% 250mL IVPB administer over 30 minutes. Flush with 30 mL NS after giving. **EVERY 8 WEEKS x _____ treatments.**

PRE -MEDICATION STANDING ORDERS:

- ☐ Acetaminophen (TYLENOL) tablet 650mg, Oral, ONCE
☐ Diphenhydramine (BENADRYL) capsule 25mg, Oral, ONCE

NURSING ORDERS:

- 1) Vital Signs – per local policy - Infusion reaction
- 2) Notify provider if patient has signs/symptoms of infection or signs of active TB

Line Care: standing orders for Outpatient Nursing Services

- ☒ Insert peripheral IV (if no IV access)
- ☒ sodium chloride 0.9% flush 10mL PRN, line care
- ☒ sodium chloride 0.9% (NS) bolus 250mL over 1 hour PRN
- ☒ May Use/access CVC line, (for patients with existing central lines)
- ☐ Other _____

HYPERSENSITIVITY MEDICATIONS:

- ☒ EPINEPHrine 1mg/mL injection 0.3mg IM Every 5 minutes x3 doses. PRN anaphylaxis
- ☒ Sodium chloride 0.9% (NS) infusion 500 mL at 500mL/hr PRN moderate reaction or anaphylaxis
- ☒ Diphenhydramine (BENADRYL) injection 25 mg PRN every 15 minutes x 2 doses for moderate reaction
- ☒ Methylprednisolone sodium succinate (PF) (solu-MEDROL) 62.5 mg/mL injection 125mg IV x1 PRN for severe reaction delivered over 2 minutes.
- ☒ Famotidine (PF) (PEPCID) injection 20 mg, Once PRN, moderate reaction or anaphylaxis. Dilute 2mL of famotidine with 8mL of normal saline to a final concentration of 2mg/mL and administer over 2 minutes.
- ☒ Albuterol 90 mcg/puff inhaler 2 puff, inhalation, once PRN. Severe reaction. Shake well and use spacer.
- ☒ Start oxygen

For MODERATE Reaction: Start 2 liters O2 per nasal cannula as needed for SpO2 less than 93% per provider instruction.

For SEVERE Reaction: Start continuous pulse oximetry. Administer 6 to 8 liters per minute via face mask, or up to 100% oxygen to maintain oxygen saturation greater than 90%.

Provider Signature: _____ Date/Time: _____

Physician Name (Printed): _____

NPI# _____ ****REQUIRED TO BE A VALID ORDER****

Phone: _____ Fax: _____

**Please complete all pages of Therapy Plan. Fax completed Therapy Plan and required documentation.
Please call 509-397-3435 ext.492 with any questions.**

Fax ATTN: Whitman Hospital Infusion Therapy Department Fax number: 509-397-2421

Whitman Hospital Medical Staff ONLY—AUTHORIZING OFFICIAL

Provider Signature: _____ Date/Time: _____

Printed Name: _____