|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:** | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | | **ICD 10/Secondary Diagnosis:** | | | | |
| **Height:** | **Weight:** | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | **Frequency** | | | | |
| **Entyvio (vedolizumab)** 300 mg IV over 30 minutes | | | | | **Frequency:**  **Loading & Maintenance**  Week 0, 2, 6 and every \_\_\_\_\_\_\_\_\_\_\_\_ weeks  **Maintenance only:**  Every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | |
| **Medication** | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| Benadryl | | |  | IVP | Solu-Medrol | | |  | IVP |
| Benadryl | | |  | PO | Tylenol | | |  | PO |
| Loratadine | | | 10 mg | PO |  | | |  |  |
| **PRN MEDS:**  Zofran 4 mg IV every 3 hours PRN nausea/vomiting | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | |
| **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | | | | |
| **LAB** | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
|  | |  | | |  | |  | | |
|  | |  | | |  | |  | | |
| **Nursing Communication/Orders** | | | | | | | | | |
| * Do not administer Entyvio and notify ordering provider if patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection. * Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion. * Monitor for signs of reaction for 30 mins after completion of 1st infusion and subsequent infusions PRN if previous signs of reaction observed. | | | | | | | | | |

**Entyvio (vedolizumab)**