



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the **x** to remove the pre-checked option.

GOLIMUMAB (SIMPONI ARIA) MAINTENANCE INFUSION [11500338] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Pre-Screening Labs

- Provider Communication
Provider to send PPD/Tuberculosis screening and Hep B screening lab results with completed orders.

Labs

Interval

- Complete Blood Count W/ Automated Differential *Frequency* _____
- Comprehensive Metabolic Panel *Frequency* _____

Supportive Care

Interval

- GOLIMUMAB IVPB Route: IV
Use an infusion set with an in-line low protein-binding 0.22 micron filter. Do not infuse in the same line with other medications.
Dose _____ Frequency _____

Nursing Orders

Interval

- Nursing Communication Every Visit
Vital signs prior to infusion, every 30 minutes during infusion, and 30 minutes post-infusion. Call provider for: Systolic BP less than 90, Pulse greater than 120, Temperature greater than 38.5 degrees Celsius.
- Nursing Communication Every Visit
If stable 30 minutes post infusion, discharge patient home on usual home medications.

Vascular Access (single select)

Interval

- IV Every Visit
 - Insert peripheral IV
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care
- Central line (non-PICC) Every Visit
 - Access vascular device and confirm patency

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

- Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- O** PICC line Every Visit
- Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications		Interval	
<input type="radio"/>	acetaminophen (TYLENOL) tablet 650 mg 650 mg Once As Needed For aches or temp change > 2 degrees F	PRN	Route: Oral
<input type="radio"/>	sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care	PRN	Route: IV
<input type="radio"/>	sodium chloride 0.9 % bolus 500 mL 500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)	PRN	Route: IV

Emergency Medications		Interval	
<input checked="" type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 25-50 mg 25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.	PRN	Route: IV

Provider Signature Date Time

Provider's Printed Name:

