



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.

## RISANKIZUMAB-RZAA (SKYRIZI) INFUSION [11501053] 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.**

### Supportive Care

### Interval

- RISANKIZUMAB-RZAA (SKYRIZI) IN NS 600 MG/250 ML IVPB Route: IV  
**CROHN'S DISEASE DOSING** - Infuse over at least 1 hour (complete infusion within 4 hours of dilution).  
Dose 600 mg Frequency Given at Weeks 0, 4 and 8
- RISANKIZUMAB-RZAA (SKYRIZI) IN NS 1200 MG/500 ML IVPB Route: IV  
**ULCERATIVE COLITIS DOSING** - Infuse over 2 hours (complete infusion within 4 hours of dilution).  
Dose 1200 mg Frequency Given at Weeks 0, 4 and 8

### Nursing Orders

### Interval

- Nursing Communication Every Visit  
*Starting when released, Hold and contact provider for signs of active infection.*
- Nursing Communication Every Visit  
*Starting when released, Assess patient's vitals prior to the infusion, and every 30 min during infusion.*

### 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
  - 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*

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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**RISANKIZUMAB-RZAA (SKYRIZI) INFUSION**

- 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	
O sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
O sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Emergency Medications	Interval	
X diphenhydrAMINE (BENADRYL) injection 25-50 mg <i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 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.</i>	PRN	Route: IV
X albuterol 90 mcg/actuation inhaler 2 puff <i>2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i>	PRN	Route: Inhalation
X methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg <i>125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>	PRN	Route: IV
X EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg <i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (&gt;= 40 points in SBP), shortness of breath with wheezing and O2Sat &lt;90%), and contact provider.</i>	PRN	Route: Intramuscular

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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