



Phone: 608-690-7210
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www.MySmartInfusion.com

Entyvio (Vedolizumab) Infusion Order Form

Location

- Eau Claire Weston
 Middleton Onalaska

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

Moderate to Severe Ulcerative Colitis ICD 10 Code: K51.90 Moderate to Severe Crohn's Disease ICD 10 Code: K50.90

Required Tests

TB/ QuantiFERON (within 12 months & attach results)

Most recent CBC & CMP (attach results)

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO
Diphenhydramine (Benadryl) 25mg 50mg PO IV
Methylprednisolone (Solu-Medrol) 125mg IV
Ondansetron (Zofran) 4mg 8mg PO IV
Other: _____ Route: _____
Dose: _____ Frequency: _____

Entyvio Medication Order

Refill x12 months unless otherwise noted: _____

Patient Weight: _____ KG

Dosage

300mg IV

Frequency

Induction week 0, 2, 6 then every 8 weeks

Maintenance every 8 weeks

Other _____

Adverse Reaction Management & Nursing Orders

Full protocols are available for review at mysmartinfusion.com or upon request.

- Administer the following emergency medications per Smart Infusion Therapy Services protocol:
- Acetaminophen 650mg PO,
 - Diphenhydramine 25mg-50mg PO or IV
 - Ondansetron 4mg IV
 - Sodium Chloride 0.9% 1000mL IV
 - Methylprednisolone 125mg IV
 - Albuterol Sulfate 2.5mg nebulized
 - Oxygen 1-6LPM continuous flow
 - Epinephrine 0.3mg/0.3mL IM
- Other: _____

- Manage VAD per protocol:
- Start/Access and Discontinue PIV/CVC
 - Flush with NS and/or Heparin per protocol based on line type
 - Other: _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____