



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

Location

- Eau Claire Weston
- Middleton Onalaska

Tremfya (guselkumab)
Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Ulcerative Colitis ICD 10: K51 Psoriatic Arthritis ICD 10 Code: L40.50
- Plaque Psoriasis ICD 10 Code: L40.0

Required Labs

TB/QuantiFERON (within 12 months & attach results)

Most recent CBC & BMP (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: _____

Tremfya Medication Order for induction IV dose

**Order will expire 1 year from date signed.
Refill: Zero, one time order**

Dose

200mg IV

Frequency

Induction week 0, 4 and 8.

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: _____