## MHS Home/Alternate Site Infusion Services Vedolizumab (Entyvio) Infusion Order Set

ALL ORDERS MUST BE SIGNED AND DATED BY PRESCRIBING PROVIDER		
Patient Name:	DOB:// Weight: lb/kg	
Patient Phone Number: ()	Requested Date of Service:///	
Patient Allergies:		
Diagnosis:	ICD – 10 Code:	
<ul> <li>Z45.2: Encounter for adjustment and management of vascular access device</li> <li>Z95.828: Presence of other vascular implants and grafts</li> </ul>		
Baseline Labs required:       •         •       CBC/CMP       Date:/         •       Latent TB screening       Date:/	_ Result: _ Result:	
Maintenance Labs required: CBC and CMP every 6 months (if ALT/AST and/or Bilirubin are elevated above ULN, HOLD INFUSION and contact physician)		
Additional Requirements: In addition to order, please include H&P with documentation to support diagnosis. Must include ICD-10 Code(s) and supporting labs. ** Emergency phone number for provider (required) **		
Provider Order for Vedolizumab (Entyvio) Infusion		
ORDERS WITH CHECK BOXESWhen an order is optional (those with check boxes), providers are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.		
Pre-Medication(s):         Acetaminophen: 650 mg tab/cap by mouth once, 30 minutes prior to infusion (patient may provide own supply)         Diphenhydramine: 25 mg tab/cap by mouth once, 30 minutes prior to infusion (patient may provide own supply)         Other:		
<ul> <li><u>Biologic Infusion</u>:</li> <li>Vedolizumab (Entyvio) added to 250 mL NS. Infuse over 30 minutes via infusion pump.</li> <li>Initiation dosing: 300 mg IV on Day 1; repeat dose at 2 weeks and at 6 weeks; then every 8 weeks</li> </ul>		
Maintenance dosing: 300 mg IV every 8 weeks after initiation sequence		
<ul> <li>Additional Medications for vascular access maintenance:         <ul> <li>0.9% NaCl (NS) PF flush in 10 mL syringe: Administer 5 – 30 mL IV as needed for establishing and maintaining IV access and for flushing IV line post infusion.</li> <li>0.9% NaCl (NS) 50 mL bag: Infuse 30 mL IV post infusion.</li> <li>Heparin: 100 units/mL for port OR 10 units/mL for other central line/midline, 3-5 mL PRN for de-accessing line.</li> <li>Cathflo (alteplase) 2 mg: Instill 2 mg (2 mL) into occluded catheter as needed for CVC/CVAD occlusion.</li> </ul> </li> <li>Skilled Nurse to draw labs as follows:         <ul> <li>CBC and CMP every 6 months</li> <li>Or other frequency:</li></ul></li></ul>		
(HOLD INFUSION and contact physician if ALT/AST and/or Bilirubin are elevated beyond the ULN range) CONTINUED ON NEXT PAGE FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY		
FOR MHS HOME/ALTERNATE STT Patient Identification:	E INFUSION SERVICES USE ONLY Pre-printed order – Page 1 of 2	
Name: MRN: DOB:	Vedolizumab (Entyvio) Order Set MultiCare	

## **Skilled Nurse Interventions:**

- Admit (first visit) patient to services for home infusion therapy of Vedolizumab (Entyvio).
- Complete Skilled Nurse visit with each infusion for ongoing home infusion therapy of Vedolizumab (Entyvio).
- Obtain vital signs (TPR & B/P) at baseline, with each infusion rate titration, completion of infusion, and 30 minutes postinfusion.
- Obtain patient weight at each visit.
- Establish IV access and flush per policy to maintain patency.
- Draw labs as ordered.
- Administer pre-medications as prescribed.
- Add Vedolizumab (Entyvio) to 250 mL of sodium chloride 0.9% (NS).
- Infuse Vedolizumab (Entyvio) as prescribed.
- Once infusion complete, flush IV line with 30 mL sodium chloride 0.9% (NS) as prescribed.
- If vital signs stable 30 minutes after infusion, Skilled Nurse will discontinue IV access and complete visit.

## If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.):

- The Skilled Nurse will:
  - STOP THE INFUSION.
  - Administer emergency medications as prescribed (below).
  - Contact Emergency Medical Services (EMS/911) if indicated.
  - Increase vital sign monitoring to every 5 minutes.
  - Contact provider via emergency phone number for additional instructions.
  - Notify MHS Home/Alternate Site Infusion Pharmacist AND Nurse Supervisor

**<u>Emergency Medications</u>**: To be administered by skilled nurse as needed for hypersensitivity reactions.

- Diphenhydramine 50 mg/mL solution: Inject 0.5 mL (25 mg) into the vein via slow IV push over at least 2 minutes as
  needed for rash, itching, hives, flushing of skin, and/or mild-to-moderate hypersensitivity reaction. May give IM if no IV
  access is available.
- Methylprednisolone sodium succinate (SOLU-MEDROL) 125 mg/2 mL solution: Inject 2 mL (125 mg) into the vein as a slow IV push over at least 3 minutes once, as needed for hives, flushing of the skin, shortness of breath, chest tightness, tachycardia (HR>140 bpm), and/or moderate-to-severe hypersensitivity reaction. May give IM if no IV access is available.
- EPINEPHrine (Adrenalin) 1 mg/mL solution: Inject 0.3 mL (0.3 mg) intramuscular every 5-15 minutes as needed (maximum 3 doses) for severe allergic reaction or anaphylaxis AND call 911 and provider.
- Acetaminophen (Tylenol) 325 mg tab: Take 2 tablets (650 mg) by mouth as needed for fever (PRN for temperature > 101F/38.3C) and/or mild-to-moderate hypersensitivity reaction.
- 0.9% NaCl (NS) solution: Infuse 500 mL into the vein via gravity as needed at a rate needed to maintain IV access.
- Oxygen: Initiate oxygen by RN PRN chest pain or dyspnea to keep SpO2>90%. For 1-6 LPM, use NC. For 6-10 LPM, use simple mask.

Code Status: Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.			
Was consent obtained: <ul> <li>Yes</li> <li>No (if yes, please send DOCUMENTATION of consent with order)</li> </ul>			
I certify that this patient is safe and appropriate to receive therapy from Home Infusion Services.			
Provider Signature: Printed	Printed Name: [		
NPI:         Orders expire in 12 months unless otherwise specified:			
Provider/Clinic Information:	Return completed orders to:		
Address:	MultiCare Home/Alternate Infusion Serv 253-459-6650 (phone) / 253-864-2785		
Phone #: Fax#:			
FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY			
Patient Identification:	Pre-printed order – Page 2 of 2		
Name:	Vedolizumab (Entyvio) Order Set		
MRN:	MultiCare	Revised 05/24	
DOB:			