ADVANCED
INFUSION CENTER

Entyvio Administration Physician Orders

Patient Name_____DOB_____Weight_____lb/kg

Allergies_____

Diagnosis_____

ICD 10 Code (required) _____ J Code: J3380 CPT Code: 96365

Entyvio dose:

Induction dose 300 mg week 0,2 and 6

Maintenance dose 300 mg every _____weeks x 1 year

Monitoring

- Assess vitals before and after each dose.
- Observe patient for 15-30 minutes following infusion before discharging home.
- Monitor and record presence/absence of infusion related reactions; chills, pruritus or urticaria, chest pain, hypotension, hypertension, or dyspnea OR hypersensitivity reaction.

If hypersensitivity infusion related reaction occurs during Entyvio infusion:

- Stop Entyvio and start normal saline at 100ml/hr.
- Give Solu-Medrol _____mg IVP.
- Give Benadryl_____ mg IVP.
- Call physician prior to restarting Entyvio.

For Anaphylaxis:

- Epinephrine 1:1000 (1 mg/ml), 0.5mg SQ, repeat twice at 20-minute intervals and call 911.
- Oxygen by nasal canula @2-5 L/min prn chest pain or dyspnea.

Additional Orders: _____

Physician Signature: _____Date: _____

Physician Name (PLEASE PRINT): _____

4362 Auburn Blvd., Sacramento, CA 95841
1215 Plumas St. Ste 1300B Yuba City, CA 95991
Ph: 916-678-5840 Fax: 916-678-5839