ADVANCED
INFUSION CENTER

Skyrizi Infusion Orders

Patient Name: _____ DOB: _____

Allergies:_____Weight: _____ Lb. or KG

Diagnosis: __ Crohn's Disease (ICD 10 K50.90) __ Other: _____

Medication order:

- IV induction dose: 600 mg IV at week 0, 4, and 8.
- Maintenance dose: 360 mg subcutaneously at week 12, then every 8 weeks thereafter x1 year.

Premedications: please circle one. Patient may decline.

- Tylenol po __ 325 mg __ 650 mg __ 500 mg
- Benadryl __ 25 mg __ 50 mg __ po __IV
- Claritin 10 mg po

Lab orders: _____
(LFT's and Bilirubin should be monitored at baseline, during induction and periodically)

For infusion related reactions:

- Stop Skyrizi and start normal saline at _____ ml/hr.
- Give Benadryl 50 mg IVP.
- Solu0-Medrol 125 mg IVP
- Call physician.

Physician signature: _____ Date:

Physician name: Phone:

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