



Patient Name: _____

Date of Birth: _____

PHYO
CMC84735-001NS Rev. 1/2021

Vedolizumab (ENTYVIO) Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month

****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

Height and weight

Vital signs

Notify provider of any abnormal vital signs or signs/symptoms of sickness to determine if infusion should continue

HYPOTENSION DEFINED ADMIT

Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 = (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

PREGNANCY TESTS AT DALLAS AND PLANO

Nursing communication

Only one pregnancy test is necessary, but two are available based on facility capabilities. There is a urine POC HCG and urine HCG. Please utilize the lab that is needed based on facility capabilities.

Select One:

Pregnancy test, urine - POC

STAT, ONE TIME, for females > 10 years old. If positive, do NOT infuse and page on-call provider

Gonadotropin Chorionic (HCG) Urine

STAT, ONE TIME, unit collect. For females > 10 years old. If positive, do NOT infuse and page on-call provider.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

Insert Peripheral IV

Place PIV if needed or access IVAD if available



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NURSING ORDERS

lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection

0.2 mL, INTRADERMAL, PRN

- when immediate procedure needed
- when procedure will take about 1 minute
- patient/family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

- when more than 60 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- when anticipated pain is less than 5 mm from skin surface
- patient/family preference for procedure

lidocaine with transparent dressing 4 % kit

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Select One:

heparin 10 unit / mL flush

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush 100 unit / mL flush

100 - 300 Units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

sodium chloride flush 0.9%

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

sodium chloride - pres free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE-PROCEDURE LABS

INTERVAL

DEFER UNTIL

every visit

Complete Blood Count with Differential (CBC)

Unit collect

every visit

Albumin

Unit collect

every visit

Key: AST = aspartate aminotransferase; cm = centimeter; gm = gram; HCG = human chorionic gonadotropin; IgG = immunoglobulin G; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; PCR = polymerase chain reaction; POC = point of care testing; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = peripheral venous catheter



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PRE-PROCEDURE LABS	INTERVAL	DEFER UNTIL
Every visit		
<input type="checkbox"/> C - reactive protein Unit collect	every visit	_____
<input type="checkbox"/> Alanine Aminotransferase Unit collect	every visit	_____
<input type="checkbox"/> Gamma Glutamyl Transferase Unit collect	every visit	_____
Every visit labs - optional (AST)		
<input type="checkbox"/> Aspartate Aminotransferase Unit collect	every visit	_____
Every 6 month labs		
<input type="checkbox"/> Vitamin D 25 hydroxy Unit collect	every 6 months	_____ Date
Every 12 month labs		
<input type="checkbox"/> Vitamin B12 Unit collect	every 12 months	_____ Date
<input type="checkbox"/> Folate RBC Unit collect	every 12 months	_____ Date
<input type="checkbox"/> Iron Unit collect	every 12 months	_____ Date
<input type="checkbox"/> Ferritin Unit collect	every 12 months	_____ Date
<input type="checkbox"/> Quantiferon TB Gold Unit collect	every 12 months	_____ Date
PRN labs		
<input type="checkbox"/> Clostridium Difficile Toxin by PCR Unit collect STOOL	frequency:	_____
<input type="checkbox"/> Zinc Unit collect	frequency:	_____
<input type="checkbox"/> Hepatitis B Surface Antibody Unit collect	frequency:	_____
<input type="checkbox"/> Hepatitis B Surface Antigen Unit collect	frequency:	_____
<input type="checkbox"/> Varicella Zoster IgG Unit collect	frequency:	_____
<input type="checkbox"/> Stool Culture Unit collect STOOL	frequency:	_____
<input type="checkbox"/> Gastrointestinal Panel by PCR Unit collect STOOL	frequency:	_____
<input type="checkbox"/> Miscellaneous Sent Out Test Unit collect	frequency:	_____
<input type="checkbox"/> Calprotectin Fecal Unit collect	frequency:	_____

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INTRA-PROCEDURE

Vital Signs Baseline vital prior to start of vedolizumab infusion. Infuse vedolizumab over 30 minutes. In the event of any hypersensitivity or other infusion related symptoms, the infusion should be stopped and notify the ordering provider. Adverse reactions may include fever, chills, rigors, hypotension and severe allergic reactions (anaphylaxis).

Physician communication order

Recommended dose of vedolizumab. Please enter the dose of vedolizumab in 'mg' to facilitate prior authorization requirements. Please select the appropriate section depending on course of loading doses needed. < 40 kg: 3 mg / kg > or = 40 kg: 300 mg

Therapy appointment request

Please select department for the therapy appointment request:

Expires in 365 days

- DAL Special Procedures
- Plano Infusion Center
- DAL Allergy
- DAL Transplant
- DAL Neurology

vedolizumab (weeks 0, 2 and 6, then every 8 weeks) 2 loading doses, then maintenance:

vedolizumab in sodium chloride 0.9% 250 mL infusion **every 14 days** **For 2 treatments**
 Intravenous , at 500 mL / hour, once for 1 dose,
 Dose should be given immediately. Infuse over 30 minutes. Flush with sodium chloride 0.9%
Dose: _____

vedolizumab in sodium chloride 0.9% 250 mL infusion **every 8 weeks** **until discontinued**
 Intravenous , at 500 mL / hour, once
 Dose should be given immediately. Infuse over 30 minutes. Flush with sodium chloride 0.9%
Dose: _____

vedolizumab (weeks 2 and 6, then every 8 weeks) 1 loading dose, then maintenance:

vedolizumab in sodium chloride 0.9% 250 mL infusion **every 14 days** **For 1 treatment**
 Intravenous , at 500 mL / hour, once
 Dose should be given immediately. Infuse over 30 minutes. Flush with sodium chloride 0.9%
Dose: _____

vedolizumab in sodium chloride 0.9% 250 mL infusion **every 8 weeks** **until discontinued**
 Intravenous , at 500 mL / hour, once
 Dose should be given immediately. Infuse over 30 minutes. Flush with sodium chloride 0.9%
Dose: _____

vedolizumab (week 6, then every 8 weeks - maintenance) Maintenance:

vedolizumab in sodium chloride 0.9% 250 mL infusion **every 8 weeks** **until discontinued**
 Intravenous , at 500 mL / hour, once for 1 dose,
 Dose should be given immediately. Infuse over 30 minutes. Flush with sodium chloride 0.9%
Dose: _____



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ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS

Nursing communication

1. Hives or cutaneous reaction only – no other system involvement: PATIENT IS HAVING A DRUG REACTION

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check vitals including blood pressure every 5 minutes until further orders from provider.
- d. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling: PATIENT IS HAVING ANAPHYLAXIS

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check vitals including blood pressure (BP) every 5 minutes until the code team arrives.
- f. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team – continue to monitor oxygen saturation.

Hypotension is defined as follows:

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than $70 + (2 \times \text{age in years})$
- 11 years to 17 years – systolic blood pressure (SBP) less than 90
- OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
- Baseline systolic blood pressure (SBP) $\times 0.7 =$ value below defined as hypotension.

EPINEPHrine Injection

(AMPULE / EPI - PEN JR. / EPI - PEN)

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, For 3 doses Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

Cardio / respiratory monitoring rationale for monitoring:

high risk patient (please specify risk)

(Patient receiving infusion with potential infusion reactions);

heart rate, respiratory rate, oxygen saturation

Rationale for Monitoring: High risk patient (please specify risk)

Parameters: heart rate, respiratory rate, oxygen saturation

Alarm limits: preset to age specified limits

diphenhydrAMINE injection 1 mg / kg

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

albuterol for aerosol 0.25 mg / kg

0.25 mg / kg., INHALATION, ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturations for 1 dose

Dose: _____

POST - PROCEDURE

Nursing communication

Flush PIV or IVAD with 10 - 20 mL 0.9% sodium chloride at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.



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ORDERS TO BE COMPLETED FOR EACH THERAPY

POST - PROCEDURE, CONTINUED

sodium chloride flush 0.9%

10 - 20 mL, INTRAVENOUS, PRN, IV line flush

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider