

DEMOGRAPHICS

Patient Name: _____
Address: _____
City: _____ State: _____ Zip: _____
DOB: ____/____/____ ☐ Male ☐ Female
Phone: _____
SSN: _____ Ht: _____ Wt: _____

PRESCRIBING PHYSICIAN

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
License#: _____
DEA#: _____ NPI: _____

ALLERGIES / REACTIONS

Signature: _____

Date: _____

PHYSICIAN ORDERS

☐ **OMVOH**

REFILLS: _____

☐ **ULCERATIVE COLITIS**

☐ **INITIAL:** WEEK 0, 4, 8: INFUSE 300 MG IV
OVER 30 MINUTES

☐ **MAINTENANCE:** WEEK 12 & EVERY 4 WEEKS THEREAFTER
INJECT 200MG SQ (2 INJECTIONS OF 100 MG EACH)

☐ **CROHN'S DISEASE**

☐ **INITIAL:** WEEK 0, 4, 8: INFUSE 900 MG IV
OVER 90 MINUTES

☐ **MAINTENANCE:** WEEK 12 & EVERY 4 WEEKS THEREAFTER
INJECT 300MG SQ (1 INJECTION OF 100 MG &
1 INJECTION OF 200 MG)

☐ **IV ACCESS**

☐ Peripheral IV - Flush with Normal Saline 5-10 ml with IV start and before & after medication

☐ **PRE-MEDICATIONS / LABS**

REFILLS: _____

☐ Diphenhydramine ____ MG IV 30 minutes before infusion

☐ Solu-Medrol ____ MG IV 30 minutes before infusion

☐ OTHER: _____

☐ LABS: _____ FREQUENCY _____



Anaphylaxis Kit per Pharmacy protocol

TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER PRN FOR PATIENTS RECEIVING IV MEDS IN THE HOME
Epinephrine Auto Injector 0.3mg/0.3ml IM - Repeat one time in 20 minutes if needed



ADVERSE REACTION ORDERS:

Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,

Severe Reactions - STOP infusion ☒, KVO IV Normal Saline ☒ Diphenhydramine 25/50 mg IVP over 3-5 minutes ☒

Methylprednisolone 125 mg IVP over 5 minutes ☒ Call Ambulance and Physician ☒.

DIAGNOSIS:

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