NATIONAL INFUSION CENTER ASSOCIATION

Patient Name:

DOB:

ENTYVIO [VEDOLIZUMAB®] INFUSION ORDERS

Diagnosis:

- ☐ K50.00 Crohn's disease of small intestine; no complications
- ☐ K50.10 Crohn's disease of large intestine; no complications
- ☐ K50.80 Crohn's disease of both small and large intestine; no complications
- ☐ K50.90 Crohn's disease, unspecified; no complications
- ☐ K51.50 Left-sided colitis; no complications
- ☐ K51.80 Other ulcerative colitis; no complications
- ☐ K51.90 Ulcerative colitis, unspecified; no complications

Pre-Treatment:

☑ Hold infusion and notify the provider for:

- Abnormal vital signs
- Fever or signs/symptoms of illness or active infection;
- Planned or recent surgery;
- Signs or symptoms of PML (mood or neurological changes);
- Recent live vaccination; OR
- New onset abdominal pain, fatigue, dark urine, or jaundice.

Medication Orders:

☑ Administer **vedolizumab 300 mg** in 250 mL 0.9% Sodium Chloride or Lactated Ringers intravenously over 30 minutes

☑ After the infusion is complete, flush with 30 mL of 0.9% Sodium Chloride or Lactated Ringers to ensure entire volume is delivered.

☑ If infusion-related reaction occurs, stop infusion and treat per orders/protocol as clinically indicated.

Treatment Frequency:

☐ Initiation of therapy: Administer on Weeks 0, 2, and 6, then every 8 weeks thereafter; OR

☐ Maintenance therapy: Every _________ weeks

Post-Infusion:

☑ Educate patient/care partner to report symptoms of adverse events or side effects.

☑ Fax treatment notes to provider at number below

Prescriber name (print): ______________________________ Fax: ______________________________

Prescriber signature: ______________________________ Date: ______________________________