VEDOLIZUMAB (ENTYVIO) INFUSION

		Interval	Defer Until	Duration
	CBC with platelet and differential	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect			
	Comprehensive metabolic panel	PRN	S	Until discont'
	Routine, Status: Future, Expires: S+366, Clinic Collect			
	Sedimentation rate	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect			
	C-reactive protein	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect			
	Zinc level, serum	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect			
	Ferritin level	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect			
	Iron level	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect			
	Total iron binding capacity	PRN	S	Until discont
_	Routine, Status: Future, Expires: S+366, Clinic Collect			
	Vitamin D 25 hydroxy level	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect			
	Vitamin B12 level	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect		-	
	Vitamin A level, plasma or serum	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect		•	
Π	Folate level	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect		0	
	TB GOLD Quantiferon	PRN	S	Until discont
	Routine, Status: Future, Expires: S+366, Clinic Collect		•	
ng (Drders			
ng (Interval	Defer Until	Duration
ng (Insert Peripheral IV or Access Portacath	Interval Every visit	Defer Until S	Duration Until discont
	Insert Peripheral IV or Access Portacath Details		-	Until discont
	Insert Peripheral IV or Access Portacath		-	
	Insert Peripheral IV or Access Portacath Details	Every visit	S	Until discont
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of	Every visit	S	Until discont' Until discont'
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION	Every visit Every visit Every visit	S S S	Until discont [*] Until discont [*] Until discont [*]
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru	Every visit Every visit Every visit uritis, uticaria, che	S S S st pain, mild hypot	Until discont' Until discont' Until discont' ension, hypertensi
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION	Every visit Every visit Every visit uritis, uticaria, che slow infusion rate	S S st pain, mild hypot by 50%. If sympto	Until discont' Until discont' Until discont' ension, hypertensions do not resolve
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25%	Every visit Every visit Every visit uritis, uticaria, che slow infusion rate resolve within 5-1	S S st pain, mild hypot by 50%. If sympto 0 minutes. With Mi	Until discont' Until discont' Until discont' ension, hypertensio ms do not resolve D approval, give
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion.	Every visit Every visit Every visit Every visit uritis, uticaria, che slow infusion rate resolve within 5-1 of the original rate	S S st pain, mild hypot by 50%. If sympto 0 minutes. With Mi e. After 15-30 minu	Until discont Until discont Until discont Until discont ension, hypertensio ms do not resolve D approval, give utes gently increase
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion. Nursing communication: Monitor patient for signs of SEVERE	Every visit Every visit Every visit uritis, uticaria, che slow infusion rate resolve within 5-1	S S st pain, mild hypot by 50%. If sympto 0 minutes. With Mi	Until discont Until discont Until discont Until discont ension, hypertensio ms do not resolve D approval, give
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion.	Every visit Every visit Every visit Every visit uritis, uticaria, che slow infusion rate resolve within 5-1 of the original rate Every visit	S S st pain, mild hypot by 50%. If sympto 0 minutes. With Mi e. After 15-30 minu S	Until discont Until discont Until discont until discont oms do not resolve D approval, give utes gently increase Until discont
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion. Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of *SEVERE INFUSION REACTION*: severe dyspin hypotension. For severe infusion reaction take the following steps; STOP Infu	Every visit Every visit Every visit Every visit uritis, uticaria, che slow infusion rate resolve within 5-1 of the original rate Every visit ea, wheezing, stri-	S S st pain, mild hypot by 50%. If sympto 0 minutes. With Mi e. After 15-30 minu S dor, angioedema, rmal saline solutior	Until discont Until discont Until discont until discont oms do not resolve D approval, give utes gently increase Until discont or marked n. Notify physician
	 Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion. Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of *SEVERE INFUSION REACTION*: severe dyspin hypotension. For severe infusion reaction take the following steps; STOP Infu and administer Benadryl as ordered. Monitor vital signs. Administer Epinephr 	Every visit Every visit Every visit Every visit slow infusion rate resolve within 5-1 of the original rate Every visit ea, wheezing, stri- usion and start nor ine as ordered. Co	S S st pain, mild hypot by 50%. If sympto 0 minutes. With MI e. After 15-30 minu S dor, angioedema, mal saline solutior ponsult MD for furth	Until discont Until discont Until discont until discont ons do not resolve Dapproval, give utes gently increase Until discont or marked n. Notify physician er orders.
	Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion. Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of *SEVERE INFUSION REACTION*: severe dyspin hypotension. For severe infusion reaction take the following steps; STOP Infu and administer Benadryl as ordered. Monitor vital signs. Administer Epinephr sodium chloride 0.9 % flush 10 mL	Every visit Every visit Every visit Every visit uritis, uticaria, che slow infusion rate resolve within 5-1 of the original rate Every visit ea, wheezing, stri-	S S st pain, mild hypot by 50%. If sympto 0 minutes. With Mi e. After 15-30 minu S dor, angioedema, rmal saline solutior	Until discont Until discont Until discont until discont oms do not resolve D approval, give utes gently increase Until discont or marked n. Notify physician
	 Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion. Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of *SEVERE INFUSION REACTION*: severe dyspm hypotension. For severe infusion reaction take the following steps; STOP Infu and administer Benadryl as ordered. Monitor vital signs. Administer Epinephr sodium chloride 0.9 % flush 10 mL 10 mL, intravenous, PRN, line care, Starting S 	Every visit Every visit Every visit Every visit uritis, uticaria, che slow infusion rate resolve within 5-1 of the original rate Every visit ea, wheezing, strii usion and start non ine as ordered. Co Every visit	S S S st pain, mild hypot by 50%. If sympto 0 minutes. With Mile a. After 15-30 minutes. S dor, angioedema, mal saline solution onsult MD for furth S	Until discont Until discont Until discont until discont oms do not resolve D approval, give utes gently increase Until discont or marked n. Notify physician er orders. Until discont
	 Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion. Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of *SEVERE INFUSION REACTION*: severe dyspm hypotension. For severe infusion reaction take the following steps; STOP Infu and administer Benadryl as ordered. Monitor vital signs. Administer Epinephr sodium chloride 0.9 % flush 10 mL 10 mL, intravenous, PRN, line care, Starting S sodium chloride 0.9 % infusion 250 mL 	Every visit Every visit Every visit Every visit slow infusion rate resolve within 5-1 of the original rate Every visit ea, wheezing, stri- usion and start nor ine as ordered. Co	S S st pain, mild hypot by 50%. If sympto 0 minutes. With MI e. After 15-30 minu S dor, angioedema, mal saline solutior ponsult MD for furth	Until discont Until discont Until discont until discont oms do not resolve D approval, give utes gently increase Until discont or marked n. Notify physician er orders.
	 Insert Peripheral IV or Access Portacath Details Vital signs - T/P/R/BP Per Unit Protocol Details Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pru or mild dyspnea. For minor infusion reaction take the following steps: stop or within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not Solu-medrol as ordered. When symptoms resolve, restart medication at 25% rate and monitor patient closely until completion. Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of *SEVERE INFUSION REACTION*: severe dyspm hypotension. For severe infusion reaction take the following steps; STOP Infu and administer Benadryl as ordered. Monitor vital signs. Administer Epinephr sodium chloride 0.9 % flush 10 mL 10 mL, intravenous, PRN, line care, Starting S 	Every visit Every visit Every visit Every visit uritis, uticaria, che slow infusion rate resolve within 5-1 of the original rate Every visit ea, wheezing, strii usion and start non ine as ordered. Co Every visit	S S S st pain, mild hypot by 50%. If sympto 0 minutes. With Mile a. After 15-30 minutes. S dor, angioedema, mal saline solution onsult MD for furth S	Until discont Until discont Until discont until discont oms do not resolve D approval, give utes gently increase Until discont or marked n. Notify physician er orders. Until discont

Medications

		Interval	Defer Until	Duration		
	vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9 % 2 mL IVPB	250 Every 8 weeks	S	3 treatments		
	300 mg, intravenous, at 500 mL/hr, for 30 Minutes, once, Starting S, For 1 Doses					
	This is a chemotherapeutic agent. Use appropriate personal protective equipment when handling, preparing, and administering. After infusion is complete, flush with 30 mL of NS. RESTRICTED to Gastroentology specialists. Are you a Gastroenterology specialist or ordering on behalf of one? This medication is RESTRICTED to administration in the Outpatient setting. Do you attest that the administration of this medication is in an outpatient setting?					
ersen	sitivity	Interval	Defer Until	Duration		
		Interval PRN	Defer Until	Duration		
ersen	sitivity promethazine (PHENERGAN) injection 10 mg 10 mg, injection, every 4 hours PRN, nausea, vomiting, Starting S	Interval PRN	Defer Until S	Duration Until discont'd		
	promethazine (PHENERGAN) injection 10 mg			Until discont'c		
	promethazine (PHENERGAN) injection 10 mg 10 mg, injection, every 4 hours PRN, nausea, vomiting, Starting S	PRN	S	Until discont'o		
	promethazine (PHENERGAN) injection 10 mg 10 mg, injection, every 4 hours PRN, nausea, vomiting, Starting S promethazine (PHENERGAN) tablet 25-50 mg	PRN	S	Until discont'c		
	promethazine (PHENERGAN) injection 10 mg 10 mg, injection, every 4 hours PRN, nausea, vomiting, Starting S promethazine (PHENERGAN) tablet 25-50 mg 25-50 mg, oral, every 4 hours PRN, nausea, vomiting, Starting S	PRN	S			
	promethazine (PHENERGAN) injection 10 mg 10 mg, injection, every 4 hours PRN, nausea, vomiting, Starting S promethazine (PHENERGAN) tablet 25-50 mg 25-50 mg, oral, every 4 hours PRN, nausea, vomiting, Starting S diphenhydrAMINE (BENADRYL) injection 25 mg	PRN	S	Until discont'd		

25 mg, oral, once PRN, itching, Starting S, For 1 Doses acetaminophen (TYLENOL) tablet 650 mg
650 mg, oral, every 4 hours PRN, headaches, fever, myalgia, Starting S Until discont'd