

## Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC with platelet and differential Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Comprehensive metabolic panel Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Sedimentation rate Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> C-reactive protein Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Zinc level, serum Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Ferritin level Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Iron level Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Total iron binding capacity Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Vitamin D 25 hydroxy level Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Vitamin B12 level Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Vitamin A level, plasma or serum Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> Folate level Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd
<input type="checkbox"/> TB GOLD Quantiferon Routine, Status: Future, Expires: S+366, Clinic Collect	PRN	S	Until discont'd

## Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details	Every visit	S	Until discont'd
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Details	Every visit	S	Until discont'd
<input type="checkbox"/> Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of *MINOR INFUSION REACTION*: fever, chills, pruritis, urticaria, chest pain, mild hypotension, hypertension, or mild dyspnea. For minor infusion reaction take the following steps: stop or slow infusion rate by 50%. If symptoms do not resolve within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not resolve within 5-10 minutes. With MD approval, give Solu-medrol as ordered. When symptoms resolve, restart medication at 25% of the original rate. After 15-30 minutes gently increase rate and monitor patient closely until completion.	Every visit	S	Until discont'd
<input type="checkbox"/> Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of *SEVERE INFUSION REACTION*: severe dyspnea, wheezing, stridor, angioedema, or marked hypotension. For severe infusion reaction take the following steps; STOP Infusion and start normal saline solution. Notify physician and administer Benadryl as ordered. Monitor vital signs. Administer Epinephrine as ordered. Consult MD for further orders.	Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9 % flush 10 mL 10 mL, intravenous, PRN, line care, Starting S	Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9 % infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S	Every visit	S	Until discont'd
<input type="checkbox"/> Discontinue IV Details	Every visit	S	Until discont'd

## Medications

**Medications (continued)**

	Interval	Defer Until	Duration
<input type="checkbox"/> vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9 % 250 mL IVPB 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 Gastroenterology 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?	Every 8 weeks	S	3 treatments

**Hypersensitivity**

	Interval	Defer Until	Duration
<input type="checkbox"/> promethazine (PHENERGAN) injection 10 mg 10 mg, injection, every 4 hours PRN, nausea, vomiting, Starting S	PRN	S	Until discontin'd
<input type="checkbox"/> promethazine (PHENERGAN) tablet 25-50 mg 25-50 mg, oral, every 4 hours PRN, nausea, vomiting, Starting S	PRN	S	Until discontin'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once PRN, itching, Starting S, For 1 Doses	PRN	S	Until discontin'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet 25 mg 25 mg, oral, once PRN, itching, Starting S, For 1 Doses	PRN	S	Until discontin'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 4 hours PRN, headaches, fever, myalgia, Starting S	PRN	S	Until discontin'd