

Place patient identification sticker here

**DOCTOR'S ORDER SHEET – PHARMACY –  
ENTYVIO (vedolizumab) – INDUCTION TEMPLATE**

Allergies:  NKA

Height \_\_\_\_\_ Weight \_\_\_\_\_ kg

\*\*\*\*UNAPPROVED ABBREVIATIONS\*\*\*\*

QD, QOD, MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero( Xmg)

DATE	TIME	ORDERS	NURSE SIGNATURE
		<input type="checkbox"/> Assign to Outpatient status	
		<b>PREMEDICATIONS:</b>	
		0.9% sodium chloride (NS) IV at KVO	
		<input type="checkbox"/> No pre-medications necessary	
		<input type="checkbox"/> methylprednisolone sodium succinate injection _____ mg IV x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____ mg IV x1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____ mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> acetaminophen 650mg PO x 1 dose 30 mins prior to infusion	
		<b>MEDICATION:</b>	
		Entyvio (Vedolizumab) in 0.9% NS 250ml IV infusion	
		<b>Dose:</b> 300mg	
		<b>Route:</b> Intravenous	
		<b>Frequency:</b> Every 2 weeks x 2 doses, then every 4 weeks x1 dose, then every 8 weeks thereafter	
		<b>Infusion Duration:</b> 30 minutes	
		<i>If infusion-related reaction:</i>	
		1. STOP infusion immediately; 2. Increase 0.9% sodium chloride (NS) infusion to wide open rate;	
		3. Administer PRN medications per infusion reaction medication ordered; 4. Call Max Cart; 5. Notify MD	
		<b>INFUSION REACTION MEDICATIONS:</b>	
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution) (Note: dilute with 2.5ml of NS for an albuterol 2.5mg/3ml dose) <b>Dose:</b> 2.5mg via nebulizer as needed for shortness of breath/wheezing	
		diphenhydrAMINE injectable <b>Dose:</b> 25mg IV x 1 dose for uticaria, pruitis, shortness of breath. May repeat in 15 minutes if symptoms not resolved	
		EPINEPHrine 1mg/ml (1:1000) injectable <b>Dose:</b> 0.3mg IM x1 dose as needed for anaphylaxis	
		methylPREDNISolone sodium succinate 125mg injection <b>Dose:</b> 125mg IV x1 dose as needed for hypersensitivity	
		<b>NURSING ORDERS:</b>	
		• <i>Initial Dose only:</i> Verify PPD or quanti-FERON-TB assay for latent TB results are negative for TB	
		•Ensure CBC, AST, and ALT have been drawn within the last 8 weeks. If labs have not been drawn within 8 weeks, proceed with infusion and instruct patient to receive lab draw today. Notify provider if patient is more than 12 weeks overdue for labs.	
		•Ensure patient has not received MMR vaccine (measles, mumps, rubella vaccine), Rotavirus vaccine, Smallpox vaccine, YF-Vax (Yellow Fever) vaccine, MMRV (measles, mumps, rubella, and chickenpox) vaccine, or chickenpox vaccine concurrently with vedolizumab (Document in Meditech Intervention)	
		•Flush vedolizumab tubing with ONLY 0.9% NS (never D5W). Do not infuse any other agents in the same line	
		•Do not administer vedolizumab and notify provider if patient has a temperature >100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection	
		•Monitor patient for signs/symptoms of hypersensitivity during infusion and for 30 mins post-infusion	
		•Discontinue IV line when therapy complete and patient stabilized	

**REFERENCES:** Entyvio Prescribing Information **USE BALL POINT PEN FAX TO PHARMACY**

\_\_\_\_\_  
Qualified Medical Provider signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

