

Place patient identification  
sticker here

**DOCTOR'S ORDER SHEET – PHARMACY –  
ENTYVIO (vedolizumab) – MAINTENANCE 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> <input type="checkbox"/> 300mg	
		<input type="checkbox"/> 600mg	
		<b>Route:</b> Intravenous	
		<b>Frequency:</b> <input type="checkbox"/> every 4 weeks	
		<input type="checkbox"/> every 6 weeks	
		<input type="checkbox"/> every 8 weeks	
		<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>	
		• <b>Initial Dose only:</b> 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

