

# Entyvio (Vedolizumab) Infusion Therapy Home Health Order Form

Froedtert Home Infusion  
N86 W12999 Nightingale Way | Menomonee Falls, WI 53051  
Specialty Referrals: 262-532-5040  
Fax: 262-532-5114

**\*Please complete this order form and include – demographic/face sheet, last specialty provider note with referral order (e.g. GI Office Note), and insurance information. Please fax to 262-532-5114\***

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

DIAGNOSIS:       Ulcerative Colitis                       Crohn's                       Other: \_\_\_\_\_

DOSE: Entyvio (vedolizumab) 300mg in 250mL 0.9% sodium chloride. Infuse intravenously over 30 minutes. Use as soon as possible after mixing. Stable 4 hours if refrigerated.

**PHARMACY TO PROVIDE MEDICATION & SKILLED NURSING TO ADMINISTER (FREQUENCY):**

- One time only on: \_\_\_\_\_
- Every 8 weeks. Duration: \_\_\_\_\_ (months)
- Other: Frequency \_\_\_\_\_ (weeks) \_\_\_\_\_ (months)

**VENOUS ACCESS:**

- Obtain peripheral IV Access
- Home Health to maintain IV flushing line with Normal Saline/heparin as appropriate to maintain patency. Dressing change and line maintenance per protocol.
- Flush with 30mL of 0.9% sodium chloride after completion of therapy

**PREMEDICATION ORDERS:**

- Acetaminophen (325mg / 500mg / 650mg / 1000mg) x1 PO 30 minutes prior to administration of medication
- Other: \_\_\_\_\_

**STANDARD FOR ANAPHYLAXIS ORDERS:**

- Adult doses:**  
Epinephrine 0.3 mg IM;  
Diphenhydramine 25-50 mg slow IV or IM
- Pediatric doses (weight based):**  
Epinephrine IM 0.01mg/kg to maximum 0.5 mg  
Diphenhydramine 12.5 – 50 mg slow IV or IM

**PRECAUTIONS/CONTRAINDICATIONS**

**CONTRAINDICATION:** ALLERGY TO ENTYVIO

**Pregnancy:** Category B

**Hepatic Disease:** Use with caution. Monitoring of hepatic function is recommended.

Lab orders: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Phone/Fax