



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER
Golimumab (SIMPONI ARIA)

Page 1 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Confirm negative TB and Hepatitis B antigen prior to start of therapy.

PRE-SCREENING: (Results must be available prior to initiation of therapy):

- Hepatitis B Surface AG, serum, Routine, ONCE
- Hepatitis B Core AB Qual, serum, Routine, ONCE

OR

- Hepatitis B surface antigen and core antibody test results scanned with orders

- Tuberculin Test Result. Date: _____ Positive / Negative

LABS:

1. CBC with differential, Routine, ONCE, every visit, If on methotrexate or leflunomide
2. CMP, Routine, ONCE, every visit, If on methotrexate or leflunomide

MEDICATIONS: (must check one)

- golimumab (SIMPONI ARIA) 2 mg/kg diluted to 100 mL in 0.9% NaCl, intravenous, ONCE
 - Every 4 weeks for 2 treatments (week 0, 4)
 - Every 8 weeks thereafter (week 12 and beyond)

Infuse over 30 minutes. Infuse with in-line low protein-binding 0.22 micron filter. Do not infuse in the same line with other medications

NURSING ORDERS:

1. Infusions to be scheduled at weeks 0 and 4, then every 8 weeks thereafter.
2. Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and at the completion of the infusion.
3. If Hypersensitivity or Infusion related events develop the infusion should be interrupted temporarily and the patient should be carefully assessed. Infusion related side effects may consist of: Temp greater than 38.5, rigors, SBP greater than 30 mmHG decrease from baseline, mucosal or respiratory (congestion/edema) distress.



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HYPERSENSITIVITY MEDICATIONS:

1. dexamethasone (DECADRON) injection, 4 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction
2. diphenhydramine (BENADRYL) injection, 25-50 mg, intravenous, EVERY 2 HOURS AS NEEDED for hypersensitivity reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction

AS NEEDED MEDICATIONS:

- acetaminophen (TYLENOL) tablet, 650 mg, oral, EVERY 4 HOURS AS NEEDED for headache, fever, chills or malaise
- diphenhydramine (BENADRYL) capsule, 50 mg, oral, EVERY 4 HOURS AS NEEDED for itching

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____



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OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient's preferred clinic location:

Beaverton

OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058

NW Portland

Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058

Gresham

Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058

Tualatin

Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders