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

ADULT AMBULATORY INFUSION ORDER
Certolizumab (CIMZIA)

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. Hepatitis B (Hep B surface antigen and core antibody total) screening must be completed prior to initiation of treatment and the patient should not be infected. Please send results with order.
3. A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). Please send results with order.

PRE-SCREENING: (Results must be available prior to initiation of therapy):
☐ Hepatitis B surface antigen and core antibody test results included with orders
☐ Tuberculin skin test or QuantiFERON Gold test results included with orders

LABS:
☐ CBC with differential, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One

NURSING ORDERS:
1. TREATMENT PARAMETER – Hold treatment and contact provider if Hepatitis B surface antigen or core antibody total test result is positive, TB test result is positive, or if screening has not been performed.
2. Administer 400 mg dose as 2 divided doses subcutaneously using provided 23-guage needles to separate sites on the abdomen or thigh. Rotate injection sites. Do not administer to areas where skin is tender, bruised, red, or hard
3. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

MEDICATIONS:
- certolizumab (CIMZIA), subcutaneous, ONCE

Initial Dose:
☐ 400 mg for 3 doses on week 0: __________, week 2: __________, week 4: __________

Maintenance Doses:
☐ 400 mg every 4 weeks beginning week 8: __________
☐ 200 mg every 2 weeks beginning week 6: __________
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**Certolizumab (CIMZIA)**

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### HYPERSENSITIVITY MEDICATIONS:

1. **NURSING COMMUNICATION** – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Policy HC-PAT-133-GUD, Tuality C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.

2. Diphenhydramine (Benadryl) injection, 25-50 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction, max dose 50mg

3. Famotidine (Pepcid) injection, 20 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction

4. Hydrocortisone sodium succinate (Solu-Cortef) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity reaction

5. Epinephrine HCl (Adrenalin) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction

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**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

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.

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

- [ ] Tuality Healthcare
  - Infusion Services
  - 364 SE 8th Ave, Medical Plaza Suite 108B
  - Hillsboro, OR 97123
  - Phone number: (503) 681-4124
  - Fax number: (503) 681-4120

- [ ] MCMC
  - Celilo Cancer Center
  - 1800 E 19th St
  - The Dalles, OR 97058
  - Phone number: (541) 296-7585
  - Fax number: (541) 296-7610
## Patient Identification

**Certolizumab (CIMZIA)**

All orders must be marked in ink with a checkmark (✓) to be active.

<table>
<thead>
<tr>
<th>ACCOUNT NO.</th>
<th>MED. REC. NO.</th>
<th>NAME</th>
<th>BIRTHDATE</th>
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</table>

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