Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

Physician's Orders GOLIMUMAB (SIMPONI ARIA), IV PIGGYBACK - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Defaults for orders not otherwise specified below:

☐ Interval: **INDUCTION** – Every 28 days x 2 treatments (maintenance treatment begins on day 84)

☐ Interval: **MAINTENANCE** – Every 56 days

Duration:

☐ Until date: _____

☐ 1 year

☐ ___# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ CH Gerber ☐ CH Lemmen Holton (GR) ☐ CH Pennock ☐ CH United Memorial

☐ CH Helen DeVos (GR) ☐ CH Ludington ☐ CH Reed City ☐ CH Zeeland

☐ CH Blodgett (GR)

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology

☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery

☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology

☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

Safety Parameters and Special Instructions

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

GOLIMUMAB (SIMPONI ARIA):

An FDA-approved patient medication guide, which is available with the product information and as follows, should be dispensed with this medication

Https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125433s019lbl.pdf

Treatment with SIMPONI ARIA should not be initiated in patients with an active infection, including clinically important localized infections.

Tuberculosis surveillance and maintenance: Screen and treat latent infection prior to starting therapy.

Hepatitis B surveillance and maintenance: Screen prior to initiating therapy. Refer to specialist as warranted by serology.

TB skin test, hepatitis B surface antigen (HBsAg) test, liver function test (LFT), complete blood count (CBC), up-to-date vaccinations, risk assessment for cancer, and pregnancy testing. Monitor for signs of tuberculosis throughout therapy. Do not initiate therapy if active infection is present. Monitor closely for signs and symptoms of infection. Monitor for signs/symptoms of malignancy (eg, splenomegaly, hepatomegaly, abdominal pain, persistent fever, night sweats, weight loss). Identify history of latex or polysorbate 80 allergy; some dosage containers may contain these agents. Monitor LFTs, CBC at regular intervals. Assess results of laboratory tests

(PDD) at regular intervals during treatment.

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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GOLIMUMAB (SIMPONI ARIA), IV PIGGYBACK - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

- [x] ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6
  Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES
- [x] ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
  HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.
- [x] ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
  TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy

Labs

	Interval	Duration
[x] Complete Blood Count w/Differential May Initiate IV Catheter Patency Adult Protocol. Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
[x] Hepatic Function Panel (Liver Panel) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
[x] Hepatitis B Surface Antigen Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
[x] Hepatitis B Core Total Antibody Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
[x] **Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually**		
[ ] ONC PROVIDER REMINDER 28 Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.	Once	1 treatment
[ ] TB Screen (Quantiferon Gold) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment

Additional Lab Orders

	Interval	Duration
[ ] Labs: _____	[ ] Every ___ days [ ] Once	[ ] Until date: _____ [ ] 1 year [ ] ____# of treatments

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GOLIMUMAB (SIMPONI ARIA), IV PIGGYBACK - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Nursing Orders

	Interval	Duration
☑ Hypersensitivity Reaction Adult Oncology Protocol		Until discontinued

Routine, Until discontinued Starting when released for 24 hours
HYPERSENSITIVITY REACTIONS:
Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

May Initiate IV Catheter Patency Adult Protocol.

Treatment Parameters

☑ ONC MONITORING AND HOLD PARAMETERS 3

May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.

☑ ONC MONITORING AND HOLD PARAMETERS 4

May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantiFERON® Gold Plus) or TB skin test have been resulted prior to first dose and the results are negative.

Medications

☑ golimumab (SIMPONI ARIA) 2 mg/kg in sodium chloride 0.9 % 100 mL IVPB

2 mg/kg, Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose

Infuse over 30 minutes. Do not infuse in the same line with other medications.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		**VALIDATED:**		**ORDERED:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician Sign**

EPIC VERSION DATE: 09/12/20

