



Patient Name
DOB
MRN
Physician
FIN



Defaults for orders not otherwise specified below:

- Interval: Every 14 days

Duration:

- Until date: _____
- 1 year
_____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Appointment Requests

- Infusion Appointment Request
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs



Provider Reminder

- ONC PROVIDER REMINDER 10
ADALIMUMAB (HUMIRA):

If INITIATING therapy, prescribing is restricted to: RHEUMATOLOGISTS, COLORECTAL PHYSICIANS, GASTROENTEROLOGISTS
Tuberculosis surveillance and management: Screen prior to and periodically during therapy. Treat latent infection prior to starting therapy.
Hepatitis B surveillance and management: Screen prior to initiating treatment. Refer to specialist as warranted by serology.

Safety Parameters and Special Instructions

- 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.
- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment and annually for continuing therapy. Treat latent infection prior to starting therapy.

Labs

- Complete Blood Count w/Differential
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous
- Hepatitis B Surface Antigen Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Hepatitis B Core Total Antibody Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous



CONTINUED ON PAGE 2 →

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

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



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Labs (continued)

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.

TB Screen (Quantiferon Gold)

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

Other Labs:

Once

Every ____ days

Until date: _____

1 year

_____ # of Treatments

Nursing Orders

ONC NURSING COMMUNICATION 33

ADALIMUMAB (HUMIRA):

Monitor for signs and symptoms of tuberculosis, other infections, enlarged lymph nodes, or skin lesions/eruptions.

Assess for liver dysfunction (unusual fatigue, easy bruising or bleeding, jaundice).

ONC NURSING COMMUNICATION 100

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 within one year for continuing therapy, and the results are negative.

Medication (Initial Treatments – first 2 treatments)

adalimumab (HUMIRA) 40 MG/0.4ML prefilled pen

Dose (need the appropriate first 2 doses):

40 mg x 1 treatment

40 mg x 2 treatments

80 mg x 1 treatment

80 mg x 2 treatments

160 mg x 1 treatment

Subcutaneous, Once, Starting S, For 1 Doses

Maintenance Treatment (begins with treatment 3)

adalimumab (HUMIRA) 40 MG/0.4ML prefilled pen

Dose:

40 mg weekly (all supporting orders will be on weekly interval)

40 mg every 2 weeks

80 mg every 2 weeks

Subcutaneous, Once, Starting S, For 1 Doses

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:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE:

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