

Spectrum Physician's Orders Health CERTOLIZUMAB (CIMZIA) ADULT, OUTPATIENT, INFUSION CENTER

Page 1 of 2

	Patient Name
) -	DOB
<i>,</i> -	MRN
	Physician
	FIN
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INDU MAIN Ir	ICTION DO NTENANC nterval: Ev	not otherwise specified be OSES: Interval: Every 14 E DOSES: ery 14 days ery 28 days		nents	
	date:				
□ 1 yea	ar # of Tre	atments			
Anticipated In	nfusion Dat	te ICD 10	Code with Des	scription	
Height	(cm) Weight	_(kg) Allergie	s	
Site of Servi	ce				
☐ SH Gerber		☐ SH Lemmen Holton (0	GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen ☐ Provider Spe	•) □ SH Ludington		☐ SH Reed City	☐ SH Zeeland
☐ Allergy/Imr	munology	□ Infectious Disease		□ OB/GYN	☐ Rheumatology
\square Cardiology	•	☐ Internal Med/Family P	Practice	□ Other	☐ Surgery
☐ Gastroente	erology	□ Nephrology		☐ Otolaryngology	☐ Urology
☐ Genetics		□ Neurology		☐ Pulmonary	☐ Wound Care
Appointmen					
	Status: Future	pointment Request e, Expected: S, Expires: S+365, possible labs	Sched. Tolerance:	Schedule appointment at n	nost 3 days before or at most 3 days after,
Safety Paran	neters and	d Special Instructions			
Curcty Faran	notoro uni	a opeoidi motraotiono			
		TY PARAMETERS AND MAB (CIMZIA):	SPECIAL INST	RUCTIONS 5	
		surveillance and management: urveillance and management: So		•	infection prior to starting therapy. ialist as warranted by serology.
S	seizures; or s				ching; bad cough; blue skin color; of all side effects. Patient should consult
		oved patient medication guide, vccessdata.fda.gov/drugsatfda_do			and at ust be dispensed with this medication.
F	Patients treat	ed with certolizumab are at incre	eased risk for deve	loping serious infections.	
▽ 0	NC SAFE	TY PARAMETERS AND	SPECIAL INST	RUCTIONS 4	
	HEPATITIS E warranted by		MAINTENANCE R	ECOMMENDATIONS: Scre	en prior to treatment. Refer to specialist as
▽ 0	NC SAFE	TY PARAMETERS AND	SPECIAL INST	RUCTIONS 5	
	TUBERCULC		NAGEMENT RECO	DMMENDATIONS: Screen բ	prior to treatment. Treat latent infection





Spectrum CERTOLIZUMAB (CIMZIA) - Health ADULT, OUTPATIENT, **INFUSION CENTER** (CONTINUED)

Page 2 of 2

Patient Name
Tatient Name
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