

Referral Status: New Patient Updated Patient Information



CMC Infusion Center- Referral Face Sheet

Patient Name: _____ Patient D.O.B. _____

Current Height: _____ Current Weight _____

Patient Phone # (_____) _____ - _____ Gender _____

Patient Address _____

City _____ State _____ Zip Code _____

Related Diagnosis Code (ICD-10 code): _____

Referring Provider (Please Print) _____

Office Phone # (_____) _____ - _____ Office Contact: _____

If referring provider and/or patient is external to Conway Medical Center. Please include:

- Most recent history and physical including:
 - Comprehensive medication list
 - Past medical history
 - Related past/ failed therapies (with dates)
 - Known allergies
- Most recent labs / test result (Ex. CBC, PPD, Hepatitis screening, etc.)
- Insurance Information

Please fax requested documentation, face sheet, and treatment plan to **843-234-5460** attention CMC Medication Management Specialist. Please feel free to call 843-234-8575 with any questions.

We look forward to the opportunity to be a part of your patient's treatment journey at Conway Medical Center.



Referral Status New Order Change Order Renewal

Entyvio® (vedolizumab) Treatment Plan

Patient Name: _____ Patient DOB _____

General

- Diagnosis- Crohn's Disease ICD-10 Code _____
- Diagnosis- Ulcerative Colitis ICD-10 Code _____

Pt. Weight _____ Pt Height _____ Known Allergies _____

Requested Start Date ____/____/____

Has patient previously received this medication No Yes, if so, date of last infusion ____/____/____

Authorized Treatment Duration

Loading Dose: Infuse on day 1, week 2, week 6, then every 8 weeks x 12 months

Maintenance Dose: Every 8 weeks x 12 months

Infusion Monitoring

- Vital Signs
every 30 min, Prior to infusion, every 30 minutes during infusion, and prior to discharge
Pre-Medications - Administer 30 minutes before vedolizumab dose if required

Pre-Medications

Tylenol

- 650 mg, Oral, Tab, Day of Tx
Comments: Administer 30 minutes before vedolizumab dose

Benadryl

- 25 mg, IV Push, Injection, Day of Tx
Comments: Administer 30 minutes before vedolizumab dose
- 50 mg, IV Push, Injection, Day of Tx
Comments: Administer 30 minutes before vedolizumab dose

SOLU-Medrol

- 40 mg, IV Push, Powder-Inj, Day of Tx
Comments: Administer 30 minutes before vedolizumab dose
- 125 mg, IV Push, Powder-Inj, Day of Tx
Comments: Administer 30 minutes before vedolizumab dose

Entyvio

- 300 mg, IV Piggyback, Powder-Inj,
Comments: in 250 mL Ns over 30 minutes. Following infusion, flush with 30 mL of sterile 0.9% sodium chloride injection. Monitor for hypersensitivity reactions
- Communication Order
Patient must stay in infusion area for 30 min post infusion. If vital signs normal may be discharged to home. If abnormal, call physician

Prescriber Signature (No Stamped Signatures or Electronic Signatures)

Provider Signature _____ Provider Name (please print) _____

Date ____/____/____ Patient Name _____ Patient DOB _____

Entyvio® (vedolizumab) Treatment Plan

- Communication Order
Obtain results of PPD test or other test to exclude latent tuberculosis if results not present in medical record. Results must be from the last 12 months
- Notify Provider
for Fever/Chills, chest pain, hypotension, hypertension, dyspnea, pruritis, urticarial, persistent flushing, Temperature > 100 or HR <50 or > 130
- Notify Provider
For POSITIVE results of PPD test or other test to exclude latent tuberculosis. Results must be within the last 12 months
- INF Infusion Room Orders Subphase (Day 0, 14, 28)
- heparin flush 100 units/mL intravenous solution (Day 0, 14, 28)
5 mL, Intracatheter, Injection, Once, PRN other (see comment)
Comments: To maintain central line patency for implanted ports, flush once monthly or prior to deaccess

Labs (Days 0, 14, 28) Duration: 12 months

- QuantiFERON TB Gold Plus (if needed)

Prescriber Signature (No Stamped Signatures or Electronic Signatures)

Provider Signature _____ Provider Name (please print) _____

Date ____/____/____ Patient Name _____ Patient DOB _____

- Biosimilar Substitution **NOT** permitted