Mass General Brigham
Cooley Dickinson Hospital

(Patient Sticker)

PHYSICIAN ORDER SET :
GOLIMUMAB MAINTENANCE

Patient:_____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained

Criteria to Treat

		Interval	Defer Until	Duration
☐	**Criteria to Treat** Verify that the patient has: 1) a negative hepatitis B screen or is hepatitis B immune 2) a negative TB status or adequate TB treatment 3) not received a live vaccine within the last 4 weeks. If any of these criteria are not met, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact the provider.	Every visit		Every visit

Pre-Medications

		Interval	Defer Until	Duration
☐	**acetaminophen (TYLENOL) tablet 650 mg** 650 mg, Oral, Once, Starting at treatment start time, For 1 dose Administer at least 30 mins prior to principal medication	Every 8 weeks		Until discont'd
☐	**loratadine (CLARITIN) tablet 10 mg** 10 mg, Oral, Once, Starting at treatment time, For 1 dose *Order based on formulary availability.* *Administer at least 30 mins prior to principal medication.*	Every 8 weeks		Until discont'd

☐	**fexofenadine (ALLEGRA) tablet 180 mg**	Every 8 weeks	Until discont'd

180 mg, Oral, Once, Starting at treatment start time, For 1 dose
Order based on formulary availability. Administer at least 30 minutes prior to principal medication.

Medications

		Interval	Defer Until	Duration
☐	**golimumab (SIMPONI ARIA) 2mg/kg sodium chloride 0.9% 100 mL IVPB**	Every 8 weeks		Until discont'd

DOSE: _____
Intravenous. Administer over 30 minutes, at 200mL/hr. Once. Starting 30 minutes after treatment start time. For 1 dose.
Use an in-line low protein binding 0.22 micron filter for administration.

Labs

		Interval	Defer Until	Duration
☐	**Comprehensive Metabolic Panel** Routine, Once, Starting when released,	Every 8 weeks		Until discont'd
☐	**CBC and Differential** Routine, Once, Starting when released	Every 8 weeks		Until discont'd
☐	**Sedimentation Rate (ESR)** Routine, Once, Starting when released	Every 8 weeks		Until discont'd
☐	**C-Reactive Protein (CRP)** Routine, Once, Starting when released	Every 8 weeks		Until discont'd
☐	**T spot TB test** Routine, Once, Starting when released, Draw once a year	Every 52 weeks		Until discont'd

Catheter Management

		Interval	Defer Until	Duration
☐	**Line Access** Routine, As needed, Starting when released, Until Specified As Needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.	PRN		PRN
☐	**alteplase (CATHFLO) 1 mg/mL injection 2 mg** 2 mg, Intracatheter, As needed, line care, Starting when released For central venous access device requiring clearance. May repeat once per lumen. For patient greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patients less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN		PRN

☐	**lidocaine-prilocaine (EMLA) cream** Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN	PRN
☐	**heparin (PF) 100 unit/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	**heparin (PF) 10 unit/mL flush syringe 3 mL** 3 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	**heparin (PF) 10 unit/mL flush syringe 5 mL** 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	**heparin 1,000 unit/mL catheter injection 2 mL** 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INSUSING THROUGH THE APHERESIS CATHETER, Starting when released.	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 3 mL** 3 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 10 mL** 10 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 20 mL** 20 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	**sodium chloride (NS) 0.9% infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment. Starting when released, For 24 hours	PRN	PRN
☐	**D5W infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment. Starting when released, For 24 hours	PRN	PRN

Emergency Medications/Anaphylaxis

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Once, Starting when released Treatment of SEVERE reaction (ANAPHLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		PRN
☐	**EPINEPHrine (ADRENALIN) 0.3 mg** 0.3 mg, Intramuscular, As needed, anaphylaxis. Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL	PRN		PRN
☐	**sodium chloride 0.9% bolus 1,000 mL** 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
☐	**Oxygen Therapy – Non- Rebreather** Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min Sp02 (%): 94	PRN		PRN

Hypersensitivity

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Until discontinued, Starting when released, Until Specified Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN
☐	**albuterol (ACCUNEB) 2.5mg/ 3mL (0.083%) nebulizer solution 2.5 g** 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		PRN
☐	**acetaminophen (TYLENOL) tablet 975 mg** 975 mg, Oral, Once as needed, fever, Starting at treatment time, For 1 dose	PRN		PRN
☐	**diphenhydrAMINE HCL (BENADRYL)50 mg/mL injection syrine 25 mg** 25 mg, Intravenous, As needed, itching hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg. Starting when released, For 1 dose.	PRN		PRN
☐	**famotidine (PF) (PEPCID) injection 20 mg** 20 mg, Intravenous, Once as needed, Adjunct treat for mild-moderate, or SEVERE reaction Hold if: give as premed, Starting when released, For 1 dose. May be given undiluted IV push over 2 minutes.	PRN		PRN
☐	**cetirizine (ZyrTEC) tablet 10 mg** 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose HOLD IF: given fexofenadine.	PRN		PRN
☐	**fexofenadine (ALLEGRA) tablet 180 mg** 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, for 1 dose. HOLD IF: given cetirizine.	PRN		PRN
☐	**methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg** 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose.	PRN		PRN
☐	**ondansetron (PF) (ZOFRAN) injection 4 mg** 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN		PRN
☐	**meperidine (PF) (DEMEROL) injection syringe 25 mg** 25 mg, Intravenous, Once as needed, rigors, Starting when released, For 1 dose Maximum MME/Day: unknown for this order	PRN		PRN