



Print Patient Name (Required)

DOB

Height (cm):
Weight (kg):
BSA (m2):
Allergies:

Place Patient Barcode Here

Golimumab (Simponi Aria) Infusion

Admit to: Diagnosis: Infusion Date:

- Port Broviac PICC Place Peripheral IV Topical anesthetic per protocol
Normal Saline/Heparin Flush per protocol

Premedications

- Acetaminophen = mg PO (max dose 1000 mg)
Diphenhydramine = mg IV or PO (max dose 50 mg)
Other:

Golimumab mg IV in NS once over 30 minutes; infuse with low protein binding 0.2 micrometer in-line filter

Nursing Orders

- Weigh patient prior to infusion.
Monitor Vital signs at the beginning and the end of the infusion.
Obtain the following labs with IV or central line access prior to the start of infusion:
CBC CMP BMP ALT AST UA IGG IGG/IGA/IGM Other:
Call lab results prior to starting infusion
Fax all lab results to ordering provider
Discharge once infusion completed Discharge 30 minutes post infusion

PRN medications:

- Ibuprofen (10 mg/kg) = mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)
Acetaminophen (15 mg/kg) = mg (max 650 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving, must wait at least 4 hrs from any prior dose)
Ondansetron (0.15 mg/kg) = mg (max 8 mg) IV once prn nausea

Medications for allergic reaction (hives/itching/flushing, etc):

If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medications on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.

- Diphenhydramine (1mg/kg) = mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)
Famotidine (0.5 mg/kg) = mg (max 20 mg) IV once
Methylprednisolone (2 mg/kg) = mg (max 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):

- < 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = mg IM once
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once
>= 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once

Orders good until this date: Infusion Frequency:

Provider's Signature: Date: Time:

