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|  | <b>Legacy Day Treatment Unit<br/>Provider's Orders</b>                     | <b>Patient Name:</b> _____<br><b>Date of Birth:</b> _____<br><b>Med. Rec. No (TVC MRN Only):</b> _____ |
|  | Adult Ambulatory Infusion Order<br><b>GUSELKUMAB (TREMFA)<br/>INFUSION</b> |  |
| ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE               |  |  |

**Anticipated Start Date:** \_\_\_\_\_ **Patient to follow up with provider on date:** \_\_\_\_\_

**\*\*\*This plan will expire after 365 days, unless otherwise specified below\*\*\***

**Orders expire:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg **Height:** \_\_\_\_\_ cm

**Allergies:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_ (please include primary and secondary diagnosis codes)

#### **GUIDELINES FOR PRESCRIBING:**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. A Tuberculin test must have been placed and read as negative prior to initiation of treatment (PPD or QuantiFERON Gold blood test). Please send results with order. If result is indeterminate, a follow up chest X-ray must be performed to rule out TB. Please send results with order.
3. Guselkumab may increase the risk of infections, particularly upper respiratory tract infections, gastroenteritis, tinea infections, and herpes simplex infections. Consider the risks versus benefits prior to treatment initiation in patients with a history of chronic or recurrent infection. Treatment must not be initiated in patients with clinically important active infections until it is resolved or treated. Monitor for signs and symptoms of infection. Patients must be brought up to date with all immunizations before initiating therapy. Live vaccines must not be given concurrently.
4. For ulcerative colitis: guselkumab 200 mg is administered intravenously on weeks 0, 4, and 8. Maintenance doses are then administered subcutaneously starting at week 12-16 depending on dosing strategy prescribed. Use lowest effective dosage to maintain therapeutic response.

#### **PRE-SCREENING (orders must be placed in TVC Epic by ordering provider if TVC provider):**


- ☐ Tuberculin skin test or QuantiFERON Gold blood test results scanned with orders.
- ☐ Chest X-Ray result scanned with orders if TB test result is indeterminate.

#### **NURSING ORDERS (TREATMENT PARAMETERS):**

1. TREATMENT PARAMETER – Hold treatment and contact provider if TB test result is positive or if screening has not been performed.
2. TREATMENT PARAMETER – Hold treatment and contact provider if patient has signs or symptoms of infection.
3. Monitor for signs and symptoms of infection. Advise patient to report symptoms of infection.
4. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declothing (alteplase), and/or dressing changes.
5. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters.

#### **MEDICATIONS:**

- ☐ **Ulcerative Colitis, Induction:** guselkumab (TREMFA) 200 mg in 250 mL of 0.9% sodium chloride, IV, over 1 hour, ONCE, on weeks 0, 4, and 8

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|  | <b>Legacy Day Treatment Unit<br/>Provider's Orders</b><br><br>Adult Ambulatory Infusion Order<br>GUSELKUMAB (TREMFA)<br>INFUSION | <b>Patient Name:</b><br><b>Date of Birth:</b><br><b>Med. Rec. No (TVC MRN Only):</b> |
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**AS NEEDED MEDICATIONS:**

- acetaminophen 650 mg oral, EVERY 4 HOURS AS NEEDED for fever
- diphenhydramINE 25 mg oral, EVERY 4 HOURS AS NEEDED for itching

**HYPERSENSITIVITY MEDICATIONS:**

1. NURSING COMMUNICATION - If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients
2. diphenhydramINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
6. naloxone (Narcan) 0.4 mg IV, AS NEEDED x1 dose for diminished respiratory rate
7. sodium chloride 0.9% 1000 mL IV, AS NEEDED x 1 dose for alteration in hemodynamic status

Please check the appropriate box for the patient's preferred clinic location:

☐ **Legacy Day Treatment Unit –  
The Vancouver Clinic Building**  
*A department of Salmon Creek Medical Center*  
 700 NE 87<sup>th</sup> Avenue, Suite 360  
 Vancouver, WA 98664  
 Phone number: 360-896-7070  
 Fax number: 360-487-5773

☐ **Legacy Emanuel Day Treatment Unit**  
*A department of Emanuel Medical Center*  
 501 N Graham Street, Suite 540  
 Portland, OR 97227  
 Phone number: 503-413-4608  
 Fax number: 503-413-4887

☐ **Legacy Salmon Creek Day Treatment Unit**  
 Legacy Salmon Creek Medical Center  
 2121 NE 139<sup>th</sup> Street, Suite 110  
 Vancouver, WA 98686  
 Phone number: 360-487-1750  
 Fax number: 360-487-5773

☐ **Legacy STEPS Clinic**  
*A department of Silverton Medical Center*  
 Legacy Woodburn Health Center  
 1475 Mt Hood Ave  
 Woodburn, OR 97071  
 Phone number: 503-982-1280  
 Fax number: 503-225-8723

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Organization/Department:** \_\_\_\_\_