



Oregon Medical Group
Infusion Center
1007 Harlow Road
Springfield, Oregon 97477
Phone: (541) 741-0387
Fax: (541) 242-4634

Entyvio (Vedolizumab) Infusion Order

Name: _____ DOB: _____

Diagnosis: _____ ICD-10 Code: _____

1. Vital signs: Initial, then every 15 mins until infusion is completed
2. Peripheral IV site with saline lock
3. Infuse Entyvio (Vedolizumab) 300 mg IV in 250 mL 0.9% NaCl over 30 minutes. Following infusion, flush with 30 mL of sterile 0.9% NaCl. Give at 0, 2 weeks, 6 weeks and then every 8 weeks thereafter.
4. Pre-medicate with the following medication to help prevent hypersensitivity/allergic reactions (please check). Note: generally not required, however for patients with mild infusion or hypersensitivity reactions may pretreat prior to the next infusion.

No routine pre-medications necessary. Below medications may be given if patient has a reaction and requires pre-medications for future doses.

Diphenhydramine (Benadryl) 25 mg PO or IV with each infusion PRN

Loratadine (Claritin) 10mg PO with each infusion PRN

Acetaminophen (Tylenol) 650mg PO with each infusion PRN

Solu-Medrol 40mg IV prior to infusion with each infusion PRN

5. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain, rigors, temperature >38.5 C)

Slow or stop infusion.

Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-medications (Max dose 50 mg)

If reaction continues, give Solu-Medrol 40mg IV push now

If reaction continues, consult MD.

Anaphylaxis (wheezing/dyspnea, hypotension, angioedema, chest pain, tongue swelling)

Give Epinephrine 0.3 mg IM. Notify MD. May repeat in 5 – 10 mins if no response

Provider signature: _____ Date: _____

Provider printed name: _____