



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 Peripheral
Normal Saline/Heparin flush per protocol
Topical anesthetic per protocol

Premedication

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

Golimumab mg IV in NS once over 30 minutes

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital signs at the beginning and the end of the infusion.
Report any changes in status or vital signs.
Regular diet for age.
Obtain the following labs with IV or central line access prior to the start of infusion:
CBC CMP BMP ALT AST UA Other:
IGG IGG/IGA/IGM
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:

- Diphenhydramine (1mg/kg) = mg PO or IV once prn itching
Ibuprofen (10mg/kg) = mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)
Acetaminophen (15mg/kg) = mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)
Ondansetron (0.15mg/kg) = mg PO or IV prn nausea/vomiting

Orders good until this date:

Provider's Signature: Date: Time:

Printed Name:

