Defaults for orders not otherwise specified below:

- **Interval:** Every 14 days

**Duration:**
- Until date: __________
- 1 year
- ______ # of Treatments

**Anticipated Infusion Date** __________  ICD 10 Code with Description

**Height** ______ (cm)  **Weight** ______ (kg)  **Allergies**

**Provider Specialty**
- ☐ Allergy/Immunology
- ☐ Infectious Disease
- ☐ OB/GYN
- ☐ Rheumatology
- ☐ Cardiology
- ☐ Internal Med/Family Practice
- ☐ Other
- ☐ Surgery
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Otolaryngology
- ☐ Urology
- ☐ Genetics
- ☐ Neurology
- ☐ Pulmonary
- ☐ Wound Care

**Site of Service**
- ☐ SH Gerber
- ☐ SH Lemmen Holton (GR)
- ☐ SH Pennock
- ☐ SH United Memorial
- ☐ SH Helen DeVos (GR)
- ☐ SH Ludington
- ☐ SH Reed City
- ☐ SH Zeeland

**Appointment Requests**
- ☑ Infusion Appointment Request
  - Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

**Provider Reminder**
- ☑ ONC PROVIDER REMINDER 10
  - ADALIMUMAB (HUMIRA):
    - If INITIATING therapy, prescribing is restricted to: RHEUMATOLOGISTS, COLORECTAL PHYSICIANS, GASTROENTEROLOGISTS
    - Tuberculosis surveillance and management: Screen prior to and periodically during therapy. Treat latent infection prior to starting therapy.
    - Hepatitis B surveillance and management: Screen prior to initiating treatment. Refer to specialist as warranted by serology.

**Safety Parameters and Special Instructions**
- ☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
  - HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.

- ☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
  - TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment and annually for continuing therapy. Treat latent infection prior to starting therapy.

**Labs**
- ☑ Complete Blood Count w/Differential

- ☑ Hepatitis B Surface Antigen Level

- ☑ Hepatitis B Core Total Antibody Level
Labs (continued)

☑ Arrangement for Patient To Have Isolated TB Skin Test
   Administered and Read or Serum TB Screening Lab Prior to Therapy or Annually

☐ ONG PROVIDER REMINDER 28
   Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.

☐ TB Screen (Quantiferon Gold)

☐ Other Labs:
  □ Once
  □ Every ___ days
  □ Until date: ______
  □ 1 year
  □ _____# of Treatments

Nursing Orders

☐ ONG NURSING COMMUNICATION 33
   ADALIMUMAB (HUMIRA):
   Monitor for signs and symptoms of tuberculosis, other infections, enlarged lymph nodes, or skin lesions/eruptions.
   Assess for liver dysfunction (unusual fatigue, easy bruising or bleeding, jaundice).

☐ ONG NURSING COMMUNICATION 100
   May Initiate IV Catheter Patency Adult Protocol

Treatment Parameters

☐ ONG MONITORING AND HOLD PARAMETERS 3
   May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.

☐ ONG MONITORING AND HOLD PARAMETERS 4
   May proceed with treatment if tuberculosis screening test with either TB Screen blood test (Quantiferon® Gold Plus) or TB skin test have been resulted prior to first dose and within one year for continuing therapy, and the results are negative.

Medication (Initial Treatments – first 2 treatments)

☐ adalimumab (HUMIRA) 40 MG/0.4ML prefilled pen
   Dose (need the appropriate first 2 doses):
   □ 40 mg x 1 treatment
   □ 40 mg x 2 treatments
   □ 80 mg x 1 treatment
   □ 80 mg x 2 treatments
   □ 160 mg x 1 treatment
   Subcutaneous, Once, Starting S, For 1 Doses

Maintenance Treatment (begins with treatment 3)

☐ adalimumab (HUMIRA) 40 MG/0.4ML prefilled pen
   Dose:
   □ 40 mg weekly (all supporting orders will be on weekly interval)
   □ 40 mg every 2 weeks
   □ 80 mg every 2 weeks
   Subcutaneous, Once, Starting S, For 1 Doses

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials _____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

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