



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

- Interval: Every 14 days
- Interval: Every 28 days

Duration:

- Until date: \_\_\_\_\_
- 1 year
- \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

**Provider Specialty**

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

**Site of Service**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> 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

**Safety Parameters and Special Instructions**

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**  
CERTOLIZUMAB (CIMZIA):

Tuberculosis surveillance and management: Screen prior to starting treatment. Treat latent infection prior to starting therapy.  
Hepatitis B surveillance and management: Screen prior to initiating treatment. Refer to specialist as warranted by serology.

Educate patient about signs of a significant reaction (eg, wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swelling of face, lips, tongue, or throat). Note: This is not a comprehensive list of all side effects. Patient should consult prescriber for additional questions.

An FDA-approved patient medication guide, which is available with the product information and at [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2017/125160s270lbl.pdf#page=33](http://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125160s270lbl.pdf#page=33), must be dispensed with this medication.

Patients treated with certolizumab are at increased risk for developing serious infections.

- 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. Treat latent infection prior to starting therapy.

**Labs**

- Complete Blood Count w/Differential**  
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**



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**Labs (continued)**

- Hepatitis B Surface Antigen Level  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Hepatitis B Core Total Antibody Level  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually**
- ONC 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)**  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

**Nursing Orders**

- ONC NURSING COMMUNICATION 14**  
CERTOLIZUMAB (CIMZIA):  
  
Monitor for hypersensitivity reactions.  
  
Monitor patient for the development of signs and symptoms of infection.  
  
Monitor patient for worsening or new onset congestive heart failure.
- ONC NURSING COMMUNICATION 100**  
May Initiate IV Catheter Patency Adult Protocol



**Treatment Parameters**

- ONC 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.
- ONC 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 the results are negative.

**Medication (Initial Dose)**

	Interval	Duration
<input checked="" type="checkbox"/> certolizumab pegol (CIMZIA PREFILLED STARTER) injection kit 400 mg 400 mg, Subcutaneous, Once, Starting S, For 1 Doses Administer subcutaneously (using provided 23-gauge needle) into the abdomen or thigh. For a 400 mg (2 syringes) dose, administer each 200 mg syringe at a separate site; rotate injection sites. Do not administer to areas where skin is tender, bruised, red, or hard.	Every 14 days	3 treatments

**Maintenance Treatment**

	Interval
<input type="checkbox"/> certolizumab pegol (CIMZIA PREFILLED) injection kit 200 mg 200 mg, Subcutaneous, Once, Starting S, For 1 Doses Injection sites should be rotated and injections should not be given into areas where the skin is tender, bruised, red or hard. When a 400 mg dose is needed (given as two subcutaneous injections of 200 mg), injections should occur at separate sites in the thigh or abdomen.	Every 14 days
<input type="checkbox"/> certolizumab pegol (CIMZIA PREFILLED) injection kit 400 mg 400 mg, Subcutaneous, Once, Starting S, For 1 Doses Injection sites should be rotated and injections should not be given into areas where the skin is tender, bruised, red or hard. When a 400 mg dose is needed (given as two subcutaneous injections of 200 mg), injections should occur at separate sites in the thigh or abdomen.	Every 28 days

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.



TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

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