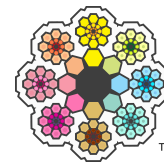


# HOME INFUSION PROTOCOL DISCLAIMER



**\*\* THIS FORM MUST BE INITIALED AND RETURNED WITH PRESCRIPTION \*\***

## **ATTENTION PROVIDER:**

Prior to signing orders, you will need to define the dose, interval, and the number of treatments. Tri-Unity Infusion Services will follow a flat dose or dose by weight, as specified on the prescription. Tri-Unity Infusion Nursing Staff will initiate **Peripheral Intravenous (PIV) access** for the administration of ordered medication, unless specified on prescription to administer previously placed PICC line or Port-a-cath. Tri-Unity Infusion Services will forward nursing administration notes to the provider following the infusion.

## **LABS REQUIRED (within the last 6 months):**

- Negative TB screening prior to initiating Entyvio, Remicade, Skyrizi
- Negative HBV prior to starting Remicade
- LFT panel and Bilirubin prior to beginning Skyrizi
- Additional LFT Panel to be drawn between weeks 4-8 after starting Skyrizi

## **PRE-MEDICATIONS**

- Acetaminophen (Tylenol) 650 mg, PO, Once. Administer 30 minutes prior to infusion
- Diphenhydramine (Benadryl) 25 mg, PO, Once. Administer 30 minutes prior to infusion

## **PRN MEDICATIONS**

- Acetaminophen (Tylenol) 650 mg PO, Every 4 hours, PRN for mild pain, fever
- Diphenhydramine (Benadryl) 25 mg IVPush, Every 4 hours, PRN for itching, urticaria, pruritus, or shortness of breath

## **ANAPHYLAXIS REACTION/HYPERSENSITIVITY**

- Diphenhydramine (Benadryl) 25 mg IVPush, PRN for Hypersensitivity Reaction or itching. May repeat Once if symptoms persist after 30 minutes
- Epinephrine (Adrenaline) 0.3 mg, 1:1000, Sub-Q, Once, PRN for Anaphylaxis or Severe Bronchospasm. **911 WILL BE CALLED AND PHYSICIAN WILL BE NOTIFIED**
- Hydrocortisone sodium succinate PF (Solu-Cortef) 100 mg IVPush, Once, PRN for Hypersensitivity Reaction, itching, rash, hives, and/or shortness of breath
- Sodium Chloride 0.9% IV Bolus 250 mL over 15 minutes Once, PRN for Hypersensitivity and/or Anaphylaxis Reaction

## **TITRATION**

Ambulatory Infusion Pump will be titrated by the Pharmacist in Charge as instructed on medication package insert, unless otherwise noted on prescription.

**PROTOCOL CONFIRMED BY PRESCRIBING PHYSICIAN**

\_\_\_\_\_  
**MD NAME**

**KEEP ON FILE**

\_\_\_\_\_  
**INITIAL**