# Intravenous Golimumab (Simponi IV®) Physician Order Sheet

## Non-Medication Orders

### Pre-Golimumab Infusion Checklist
- Pre-Infusion Screening (assess for S & S of infection, fever, surgery etc.)
- Contact Physician if patient has signs of an active infection prior to golimumab

### Vitals
- Vital Signs at Baseline
- Vital Signs following infusion. If infusion reaction occurs, monitor vitals q10 minutes for 30 minutes and continue until reaction resolved.

### Bloodwork

### Other

## Drug Allergies

<table>
<thead>
<tr>
<th>List Drug</th>
<th>Describe Reactions/Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No known drug reaction/allergies

## Medication Orders

### Timing of Golimumab (Simponi IV®) Infusions
- **Initial Loading Dose:** Infusion at Weeks 0 & 4, then
- **Maintenance Dose:** Infusion every ____ (8) weeks as outlined in the orders below.

### Duration
- 52 weeks, or ____ weeks or ____ infusions

### Dose of Golimumab (Simponi IV®)

- Patient Weight: _____ kg  
- Dose of Golimumab _____ mg/kg (2 mg/kg)

### Total Dose

### Number of vials (50 mg/4mL):______ vials

### Dilute Golimumab in 100 mL 0.9% sodium chloride

### Golimumab (Simponi IV®) Infusion

- Start IV and infuse Golimumab (Simponi IV®) over 30 min (~200 mL/min)

### PRN Meds
- Diphenhydramine (Benadryl®)25-50 mg IV or PO q4h prn
- Acetaminophen (Tylenol®) 650 mg PO q4h prn
- Dimenhydrinate (Gravol ®) 25-50mg IV or PO q4h prn

### Post-Golimumab (Simponi IV®) Infusion

- D/C IV post infusion and D/C Home

## Physician's Signature

<table>
<thead>
<tr>
<th>PHYSICIAN'S SIGNATURE</th>
<th>YR.</th>
<th>MO.</th>
<th>DAY</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIAN'S PRINTED NAME</td>
<td>AUTHORIZED PHYSICIAN'S SIGNATURE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>