



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

List Drug	Describe Reactions/Allergies
_____	_____
_____	_____
_____	_____

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: ____ mg 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
- Dimenhydratate (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	YR.	MO.	DAY	TIME
PHYSICIAN'S PRINTED NAME	AUTHORIZED PHYSICIAN'S SIGNATURE			