

Yesintek Infusion Orders

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) _____

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

☐ NKDA Allergies: _____

Ordering Provider: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

PRE-MEDICATION

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen 1000mg PO | <input type="checkbox"/> Solu-Medrol 125mg IVP |
| <input type="checkbox"/> Diphenhydramine 25mg PO | <input type="checkbox"/> Solu-Cortef 100mg IVP |
| <input type="checkbox"/> Ceterizine 10mg PO | <input type="checkbox"/> Diphenhydramine 25mg IVP |

REQUIRED TESTING/LABS

☒ TB status and date (please attach results): _____

☒ Hep B status and date (please attach results): _____

YESINTEK ORDERS

Ulcerative Colitis/ Crohns: A single infusion based on weight, in 250cc NS infused over 1 hr as initial dose

- ☐ Up to 55kg - 260mg (2 vials)
- ☐ >55kg to 85 kg - 390mg (3 vials)
- ☐ >85kg - 520mg (4 vials)

**Maintenance dose: 90 mg subQ 8 weeks after the initial infusion, then every 8 weeks thereafter.*

☒ **Sage Infusion Standing Orders:**

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date