



Oregon Medical Group
Infusion Center
1007 Harlow Road
Springfield, Oregon 97477
Phone: (541) 741-0387
Fax: (541) 242-4634

Simponi ARIA (Golimumab) Infusion Order

Name: _____ DOB: _____

Diagnosis: _____ ICD-10 Code: _____

1. Vital signs: Initial, Q 15-30 minutes, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Administer 2 mg/kg Simponi ARIA mixed in 100mL 0.9% Normal Saline over 30 minutes at day 1, 4 weeks after day 1, and every 8 weeks thereafter.

Weight (kg): _____

Dose: _____

4. Pre-medicate with the following medication to help prevent hypersensitivity/allergic reactions (please check).

No routine pre-medications necessary. Below medications may be given if patient has a reaction and requires pre-medications for future doses.

Loratadine (Claritin) 10mg PO with each infusion PRN

Cetirizine (Zyrtec) 10mg PO with each infusion PRN

Diphenhydramine (Benadryl) 25 mg PO or IV with each infusion PRN

Acetaminophen (Tylenol) 650mg PO with each infusion PRN

Solu-Medrol 40mg IV prior to infusion with each infusion PRN

5. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain)

Slow or stop infusion.

Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-medications.

If reaction continues, give Solu-Medrol 40mg IV push now and repeat before every infusion.

Anaphylaxis (wheezing/dyspnea, hypotension, angioedema, chest pain, tongue swelling)

Give Epinephrine 0.3 mg IM. Notify MD. May repeat in 5 – 10 mins if no response

Provider signature: _____ Date: _____

Provider printed name: _____