

**Skyrizi (risankizumab) Order Set**

Phone (616) 394-3547

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 = Optional Order     = Routine Order    (Cross out and initial **BULLETED ORDERS** that do not apply.)

**ORDERS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Diagnosis Code: (ICD-10) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg)

Allergies: \_\_\_\_\_

 TB Test Result: \_\_\_\_\_ Date: \_\_\_\_\_ *\*Initial TB Test required prior to first dose. Any subsequent testing optional and to be ordered and evaluated by provider.*

- Obtain liver enzymes and bilirubin levels prior to initiating treatment with SKYRIZI.
- Provider is responsible for verifying liver enzymes & bilirubin levels are within normal limits prior to initiating orders.

**MEDICATION**

- Skyrizi (risankizumab) IVPB *(For treatment of Crohn's disease.)*
  - Initial dose at 0, 4 and 8 weeks.  
600 mg, IVPB
- Infuse over 60 minutes.
- Vital signs to be completed prior to infusion, 30 min after start of infusion and at the completion of infusion.
- Monitor for signs of hypersensitivity reaction.
- Check for active infection. If there is an active infection, dose should be held. Contact provider for guidance whether to continue treatment.

**Treatment for adverse drug reactions: (for mild to moderate infusion reaction)**

- Slow or stop infusion for 20 minutes.
- Give:
  - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
  - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
  - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O<sub>2</sub> PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO<sub>2</sub> every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name and Credentials (please print): \_\_\_\_\_ Time: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

