



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Eligibility Criteria MUST BE MET, prior to dispensing this medication.

Entereg (Almivopan) Order Set

Inclusion Data: All of the Following MUST Be a YES

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Patient must be scheduled for small or large bowel resection. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient must be an inpatient postoperatively. |
| <input type="checkbox"/> | <input type="checkbox"/> | Entereg must be initiated preoperatively 30 minutes to 5 hours prior to surgery. |

Exclusion Data: If any of the following are Yes, Entereg should NOT be given

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has received therapeutic doses of opioids for 7 or more consecutive days immediately before planned initiation of Entereg. (Caution should be used in patients having received more than 3 therapeutic doses of opioids due to increased incidence of GI side effects. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has severe hepatic impairment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has end-stage renal disease. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient is an outpatient. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient is being transferred to a hospital not enrolled in the Entereg Access Support and Education program. |

If the patient satisfies the above criteria, use the following:

- | Date and Time | |
|---------------|---|
| | <ul style="list-style-type: none">• Pre-Operative dose: Entereg 12 mg capsule Po as a one-time dose 30 minutes to 5 hours before surgery. Treatment will NOT be initiated postoperatively.• POD #1 beginning at 9:00 am: Entereg 12 mg capsule Po bid until discharge, providing that therapy does not exceed 7 days, or 15 doses for total therapy. Entereg will NOT be dispensed to patient after discharge from hospital. |
| | *DO NOT administer via NG tube. If NG tube present, clamp NG tube, administer Entereg orally, unclamp NG tube after 1 hour. |

Physician's Signature: _____ Date: _____ Time: _____

Unit Secretary's Signature: _____ Date: _____ Time: _____

Nurse's Signature: _____ Date: _____ Time: _____

DO NOT USE: U IU QD QOD MS MSO4 MgSO4