Catholic Health System

Patient Identification Information

❑ SISTERS OF CHARITY HOSPITAL • Buffalo, NY ❑ SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY
❑ KENMORE MERCY HOSPITAL • Kenmore, NY ❑ MERCY HOSPITAL • Buffalo, NY ❑ MERCY HOSPITAL Orchard Park division • Orchard Park, NY

Allergies & Sensitivities:

❑ **No Known Allergies** ☑ **(Indicates automatic order. MD to draw line through orders to discontinue)**

Alvimopan (Entereg) Order Form

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

DATE:	TIME:	PRESCRIBER ORDERS

Type of Surgical Procedure: _____

FDA approved indication: Accelerate the time to upper and lower GI recovery following partial large or small bowel resection surgery with primary anastomosis

Contraindications to Use:

Yes	No	
❑	❑	Has the patient received therapeutic doses of opioids for more than 7 days immediately prior to alvimopan (Entereg)?
❑	❑	End stage renal failure?
❑	❑	Severe hepatic impairment?

If **YES,** to any of the above: the medication is contraindicated.

❑ **Pre-op Dose: Alvimopan (Entereg) 12 mg PO (30 minutes to 5 hours) X 1 prior to surgery**

❑ **Post-op Dose: Alvimopan (Entereg) 12 mg PO BID for _____ (up to 7 days max) starting on Post-op Day #1**
Maximum number of doses = 15
INPATIENT USE ONLY

Alvimopan (Entereg) is contraindicated in patients with NG tube post-op.

Prescriber Signature:_____

Developed 6/09
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