

PHYSICIAN'S ORDERS
Remicade Infusion

Center Patient Admission
Label Here

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/>	Drug Allergies	Nurse's Initials
Date ____/____/____ Weight ____ Diagnosis _____			
<input type="checkbox"/>	Remicade 5 mg/kg = _____ mg IV over 2 hours		
<input type="checkbox"/>	Start IV with 500cc Normal Saline at KVO rate		
<input type="checkbox"/>	Do not infuse through a line with any other drug. Connect line to port closest to patient		
<input type="checkbox"/>	Vital Signs: Initial baseline and every 30 minutes during infusion. After infusion every 30 minutes x2 or until stable		
<input type="checkbox"/>	SoluMedrol _____ mg IV prior to Remicade infusion		
<input type="checkbox"/>	Benadryl _____ mg IV prior to Remicade infusion		
<input type="checkbox"/>	SIDE EFFECT MANAGEMENT: Fever/Chills: Tylenol 650 mg po every 4 hours prn for fever/chills Rigor: Demerol 50 mg IV push and stop infusion until subsides Anaphylaxis: (Hives, shortness of breath, bronchospasm) Decadron _____ mg IV Benadryl _____ mg IV Nausea/Vomiting: _____		
<input type="checkbox"/>	Patient may eat and ambulate during the infusion		
<input type="checkbox"/>	If the infusion is stopped due to side effect, restart at ½ the initial rate and continue for the remainder of the infusion.		
<input type="checkbox"/>	Discharge home after infusion completed		
<input type="checkbox"/>	Other _____		
	_____ Physician Signature		
	_____ Date		
	_____ Time		