

Infliximab (Remicade) Order Form

DEMOGRAPHICS

Patient Name: _____ Date of Birth: _____ Gender: ☐ F ☐ M
Home Phone: _____ Cell: _____ Work: _____
Address: _____
City: _____ State: _____ Zip: _____
Legally Responsible Representative: _____ Relationship to Patient: _____

Diagnosis: ☐ Crohn's Disease ☐ Rheumatoid Arthritis ☐ Ulcerative Colitis ☐ Psoriatic Arthritis
ICD-10: ☐ Plaque psoriasis ☐ Ankylosing Spondylitis ☐ Other: _____
CHF History? ☐ No ☐ Yes: NY Class _____ (I-IV)
TB History: _____ Date of last PPD: _____ Result: _____

Medication Orders:

- ☐ Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.
- ☐ Flush with 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- ☐ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).

Infliximab:

Administration Frequency: ☐ One dose ☐ 3 doses (at 0, 2, and 6 weeks) ☐ Maintenance every _____ weeks
☐ 3 doses (at 0, 2, and 6 weeks) followed by infusion every _____ weeks thereafter Dose: RPh will round UP to nearest multiple of 100 ☐ Give exact dose (do NOT round)

☐ 5mg/kg over at least 2 hours**

**Dose based on actual body weight

☐ 3mg/kg over at least 2 hours**

☐ Other: _____ mg/kg over at least 2 hours**

- ☐ Dilute in 250mg 0.9% NaCl to a final concentration of 0.4 to 4mg/ml
- ☐ Do not infuse other medications through the same line
- ☐ Infuse over at least 2 hours. Begin at 10ml/hr and increase rate according to Infusion Rate Chart. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- ☐ If change in vital signs (ie: diastolic blood pressure drops 15-20 mmHg) or adverse reaction (ie: urticaria, shortness of breath) occurs, slow or stop infusion immediately. After symptoms have resolved, may resume titration starting at 10ml/hr.

Infusion Rate Chart	
Infusion Rate	Time (min)
10 ml/hr	For 15 minutes
20 ml/hr	For 15 minutes
40 ml/hr	For 15 minutes
80 ml/hr	For 15 minutes
150 ml/hr	For 30 minutes
250 ml/hr	Until end of therapy

Premedication (15 minutes before infusion):

- Diphenhydramine ☐ 50mg IV ☐ 25mg IV
Acetaminophen ☐ 1000mg PO ☐ 500mg PO
☐ Other: _____

To Manage Infusion Reactions:

- ☐ Methylprednisolone 125mg IV x1 dose PRN severe urticaria, pruritis, or SOB (Notify physician)
- ☐ Infusion Reaction Management per Infusion Solutions Protocol:
 - ☐ Acetaminophen 500mg (1,000mg if severe) PO Q4h PRN aches or temperature increases $\geq 2^{\circ}\text{F}$
 - ☐ Diphenhydramine 50mg IV x1 dose PRN urticaria, pruritis, or SOB
 - ☐ Epinephrine 1:10,000: 0.1mg IV slowly over 5min PRN anaphylaxis. Repeat every 5-15min x3 doses.

Nursing Orders:

- ☐ If no central IV access, RN to insert peripheral IV, rotate site every 72 to 120 hours or as needed.
- ☐ Weight should be taken before each dose.
- ☐ Monitor vital signs (pulse & blood pressure) before therapy and every 15 to 30 min until 30 min after therapy.
- ☐ If an infusion reaction occurs, decrease rate and monitor vital signs until symptoms subside. If reaction persists or worsens, stop infusion and notify physician.
- ☐ Observe patient for 30 minutes after completion of therapy.
- ☐ Other: _____

Labs:

- ☐ CBC with Diff ☐ at each dose ☐ every _____
☐ Hepatic function panel ☐ at each dose ☐ every _____
☐ CRP ☐ at each dose ☐ every _____
☐ Other: _____ ☐ every _____

Prescriber Signature

Date

Please Print Name

NPI