inFLIXimab Infusions: Treatment of Acute Severe Colitis

Site Applicability

SPH Inpatient Units

Practice Level

Basic: Registered Nurses

Requirements

Resuscitative equipment and treatment for anaphylactic reactions must be available.

Providers should order the Hypersensitivity / Anaphylaxis Treatment module in Cerner prior to the infusion.

The ordering provider must indicate if the patient is at higher risk of infusion reaction in the order comments and communicate to the unit Clinical Nurse Leader and/or Patient Care Manager that the patient will require a higher level of monitoring.

If the provider determines that the patient has a higher risk of infusion reaction, the patient will require a dedicated nurse during the infusion.

If higher monitoring is required, nursing teams will require 24 hours notice to ensure staffing is available.

The provider should communicate intent to order inFLIXimab with the clinical pharmacist.

Need to Know

Acute severe colitis is a medical emergency. The outcome in up to 30% of patients is a colectomy. If IV steroid therapy fails, inFLIXimab should be administered on day 3, or earlier, if recommended by the treating GI physician.

inFLIXimab is a biological agent indicated for the treatment of acute severe ulcerative colitis, moderate to severe Crohn's disease and immune check-point inhibitor (e.g. ipilimumab) induced enterocolitis in the setting of steroid failure, or where biological therapy is required to maintain disease remission.[1-4]

The risk of an infusion reaction for a first infusion is less than or equal to 5%.[5-8]

Patients who have a higher risk of infusion reaction are those who have had a previous infusion reaction, and those who have had a period of more than 16 weeks since a previous inFLIXimab infusion.

Signs and symptoms of an infusion reaction include: headache, vasodilation, flushing, pruritus, rash, hives, respiratory distress, swelling of the lips or larynx, hypotension, abdominal pain, hypoxemia, and flu-like symptoms.

Premedication with acetaminophen, antihistamines and/or corticosteroids may help prevent or lessen infusion reactions for high-risk patients. In clinical practice, these patients are likely to be receiving IV corticosteroids already to treat their underlying disease.

Equipment and Supplies

- Alaris®PC CareFusion Edition Infusion Pump with Guardrails
- Infusion set with low sorbing, low protein-binding in-line filter, 1.2 microns or less
- inFLIXimab dose prepared by pharmacy

Protocol

For patients at standard risk of infusion reaction

Rates of inFLIXimab up-titration may differ from those in the PDTM.

Infusion protocol:

- 10 mL/hour for 30 to 60 minutes, then
- 20 mL/hour for 30 to 60 minutes, then
- 40 mL/hour for 30 to 60 minutes, then
- 80 mL/hour for 30 to 60 minutes, then
- 150 mL/hour for 30 to 60 minutes, then
- increase to 250 mL/hour until completed

Monitoring requirements:

Blood Pressure (BP), pulse, oxygen saturation, respiratory rate and temperature prior to infusion, Q 1 hour during the infusion, at the end of the infusion, and PRN.

Monitor for signs and symptoms of an infusion reaction throughout the infusion.

For patients at higher risk of infusion reaction

Patients who have been identified as having a higher risk of infusion reaction require dedicated nursing resources.

Infusion protocol:

- 10 mL/hour for 15 minutes, then
- 20 mL/hour for 15 minutes, then
- 40 mL/hour for 15 minutes, then

- 80 mL/hour for 15 minutes, then
- 150 mL/hour for 30 minutes, then
- increase to 250 mL/hour until completed

Monitoring requirements:

Blood Pressure (BP), pulse, oxygen saturation, respiratory rate and temperature prior to infusion, every 15 minutes for one hour, then every 30 minutes during the infusion and continue for one hour after infusion, and PRN.

Monitor for signs and symptoms of an infusion reaction throughout the infusion.

Interventions

Administer pre-medications including hydrocortisone and antihistamines as ordered prior to the infusion.

Infusion Reaction

If the patient demonstrates signs or symptoms of an infusion reaction:

Mild reactions: (no respiratory or vascular instability)

- slow infusion to 10 mL/hour or stop infusion; may give acetaminophen, diphenhydrAMINE, dimenhyDRINATE, or hydrocortisone PRN as ordered
- monitor vital signs Q15 MIN; if symptoms clear, restart infusion at half previous rate and slowly increase

Severe reactions: (anaphylaxis, vascular instability, SBP change of 40 mmHg or more, rigors)

- stop infusion and call a Code Blue
- administer diphenhydrAMINE, hydrocortisone, epinephrine (if anaphylaxis) or salbutamol nebulized PRN as ordered
- monitor vital signs every 2 to 5 minutes until within normal limits; continue monitoring patient for a minimum of 2 to 4 hours or longer as necessary

Documentation

Within the Cerner electronic health record, document vital signs and assessments in iView. Document medication administration on the MAR, and document fluid intake in In and Outs.

Document in a Nursing Narrative Note as appropriate.

Patient and Family Education

Explain the procedure to the patient and family. Explain the signs and symptoms of an infusion reaction and ask the patient to report any symptoms or concerns immediately.

Related Documents

BD-00-12-40091 – Anaphylaxis: Initial Emergency Management (Adult and Pediatric)

References

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Groups/Persons Consulted:

SPH Gastroenterology Physicians

SPH Surgical Program Patient Care Manager

Professional Practice

Medication Use Evaluation Pharmacist

Regional VCH-PHC Pharmacy and Therapeutics Committee

PHC Pharmacy and Therapeutics Committee

Developed By

SPH Surgical Program Nurse Educators

SPH Surgical Program Clinical Nurse Specialist

SPH Surgical Program Clinical Pharmacist

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