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Patient Name: _____

Date of Birth: _____ Weight: _____

IV Access: _____

Allergies: _____

Infliximab (Remicade) Order Form

◆ Orders are initiated unless crossed out by provider.

Check to initiate order.

Diagnosis: Crohn's Disease Rheumatoid Arthritis Ulcerative Colitis Psoriatic arthritis
 Plaque psoriasis Alkylosing 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.

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 infusions 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**

3mg/kg over at least 2 hours**

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

**Dose based on actual body weight

- ◆ Dilute in 250mg 0.9% NaCl to a final concentration of 0.4 to 4 mg/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.
- ◆ Observe patient for 30 minutes after completion of therapy.

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 ≥2°F
 - Diphenhydramine 50mg IV x1 dose PRN urticaria, pruritis, or SOB
 - Epinephrine 1:10,000: 0.1mg IV slowly over 5 min PRN anaphylaxis. Repeat every 5 – 15 min x3 doses.
 - Oxygen at 8 L/min by mask or 4 L/min by nasal cannula PRN chest pain or SOB

Nursing Orders:

- ◆ 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 weekly every _____
 Other: _____ weekly every _____

 Prescriber Signature

 Date

 Please Print Name

Fax-Back Infusion Confirmation:
 Administration Date: _____ Time: _____