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

**ICD-10:**
- ☐ 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 declot 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 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.

**Premedication (15 minutes before infusion):**
- Diphenhydramine 50mg IV
- Acetaminophen 1000mg PO
- Other: _____________________________________________

**To Manage Infusion Reactions:**
- Methyprednisolone 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:**
- 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: ____________________________ at each dose every __________

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Please Print Name