Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy
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Bellingham, WA 98226
Phone (360) 933-4892
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Patient Name: _____

Date of Birth: _____ Wt:_____Ht:_____

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
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** **Dose based on actual body weight
❑ Other: _____ mg/kg over at least 2 hours**

- 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.

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:

- 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