**INTRAVENOUS INFLIXIMAB**
***(Remicade®, Inflectra®)***
**PHYSICIAN ORDER SHEET**

Rheuminfo

## NON-MEDICATION ORDERS

***PRE-INFLIXIMAB INFUSION CHECKLIST***

Tb Skin Test reviewed

CXR has been reviewed

Contact Physician if patient has signs of an active infection

Patient Weight: _____

***VITALS***

Vital Signs at Baseline

Vital Signs q 30 minutes and for 30 minutes after infusion. However, if prior history of an infusion reaction, monitor vitals q10 minutes for 30 minutes then q 30 minutes and for 30 minutes after infusion.

***BLOODWORK***

- ❑ CBC, ESR, CRP, AST, ALT, ALP, albumin, Cr to be done q2months
- ❑ Other Bloodwork

_____

_____

_____

_____

_____

_____

## DRUG ALLERGIES

List Drug Describe Reactions/Allergies

_____

_____

_____

☐ No known drug reaction/allergies

## MEDICATION ORDERS

***TIMING & DURATION OF INFLIXIMAB INFUSIONS***

- ❑ Weeks # ❑ 0 ❑2 ❑6, the initial 3 loading doses of Infliximab shall be given as outlined in the orders below.
- ❑ Maintenance Infusions are to be given every _____ weeks as outlined in the orders below.
- ❑ **Duration:** ❑ 52 weeks, or ❑ _____weeks or ❑ _____ infusions

***PRE-INFLIXIMAB INFUSION***

- ❑ Start IV N/S TKVO
- ❑ Premedicate with 650 mg PO Acetaminophen (Tylenol®) 30 minutes prior to the infusion if previous mild to moderate infusion reaction.
- ❑ Premedicate with 50 mg IV Diphenhydramine (Benadryl®) prior to the infusion if previous mild to moderate infusion reaction.
- ❑ Premedicate with _____ mg IV Methylprednisolone (Solumedrol®)
- ❑ Premedicate with _____ mg IV Hydrocortisone (Solucortef®)
- ❑ Other: _____

***INFLIXIMAB INFUSION***

- ❑ Infliximab _____ mg IV in 250 mL Normal Saline *(Initial dose 3-5 mg/kg/infusion; maximum dose 10 mg/kg/infusion). For initial infusions or patients who have had an infusion reaction use the following titration schedule, for subsequent infusions start at 10-25 mL/hr over the first 15 minutes and gradually increase rate to infuse over a minimum of 2 hours.*
  - 10 mL/h for 15 min, increase to
  - 20 mL/h for 15 min, increase to
  - 40 mL/h for 15 min, increase to
  - 80 mL/h for 15 min, increase to
  - 150 mL/h for 30 min, increase to
  - 250 mL/h until complete
- ❑ Diphenhydramine (Benadryl®) 50 mg IV q4h prn
- ❑ Acetaminophen (Tylenol®) 650 mg PO q4h prn

***POST-INFLIXIMAB INFUSION***

- ❑ D/C IV & D/C Home
- ❑ Other: _____

| PHYSICIAN'S SIGNATURE | YR. | MO. | DAY | TIME |
|---|---|---|---|---|
| PHYSICIAN'S PRINTED NAME | AUTHORIZED PHYSICIAN'S SIGNATURE | | | |