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

### 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

<table>
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<tr>
<th>List Drug</th>
<th>Describe Reactions/Allergies</th>
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- 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

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<th>PHYSICIAN’S PRINTED NAME</th>
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