



Infliximab (Remicade) Order Form

DEMOGRAPHICS

Patient Name: _____ Date of Birth: _____ Gender: F M
 Home Phone: _____ Cell: _____ Work: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Legally Responsible Representative: _____ Relationship to Patient: _____

Diagnosis:	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Psoriatic Arthritis
ICD-10:	<input type="checkbox"/> Plaque psoriasis	<input type="checkbox"/> Ankylosing Spondylitis	<input type="checkbox"/> Other: _____	
CHF History?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: NY Class _____ (I-IV)		
TB History:	Date of last PPD: _____	Result: _____		

Medication Orders:

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 there after 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 4mg/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 x 1 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 x 1 dose PRN urticaria, pruritis, or SOB
 - Epinephrine 1:10,000: 0.1mg IV slowly over 5min PRN anaphylaxis. Repeat every 5-15min x 3 doses.

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:

<input type="checkbox"/> CBC with Diff	<input type="checkbox"/> at each dose	<input type="checkbox"/> every _____
<input type="checkbox"/> Hepatic function panel	<input type="checkbox"/> at each dose	<input type="checkbox"/> every _____
<input type="checkbox"/> CRP	<input type="checkbox"/> at each dose	<input type="checkbox"/> every _____
<input type="checkbox"/> Other: _____		<input type="checkbox"/> every _____

Prescriber Signature

Date

Please Print Name

NPI