

Infliximab (Remicade) Order Form

DEMOGRAPHICS					
PatientName:	DateofBirth:			_Gender: □F□M	
Home Phone:	Cell:	v	/ork:		
Address:					
City:		State:	Zip:		
LegallyResponsibleRepresentative:		F	RelationshiptoPat	ient:	
Diagnosis: Crohn's Disease		rthritis DUcerativeColitis			
ICD-10:Plaquepsoriasis		s 🛛 Oth	Other:		
CHFHistory? Date oflastPPD:	□Yes:NYClass Result:	(I-IV)	(I-IV)		
Medication Orders:	11000000				
Alteplase2mglVtodeclot centri Flush with 0.9% NaCl and/orl Lidocaine 1% - up to 0.2m Infliximab: Administration Frequency: □Onedose	Heparin 10 u/ml or 100 u/ml p I intradermally PRN (may b 3 doses (at 0, 2, and (at 0, 2, and 6 weeks) followe ereafterDose: RPh will round	er Infusion Sol buffer with so d6weeks) d byinfusionse I UP to nearest	utions protocol. dium bicarbor Maintenancee very multipleof100	ate 8.4% in 10:1ratio). everyweeks □Give exact	
 5mg/kg over at least 2hours** 3mg/kg over at least2hours** 					
Other:mg/kg over at least 2hor				usion Rate Chart	
 Dilute in 250mg 0.9% NaCl to 		o 4mg/ml	Infusion Ra		
Do not infuse other medications through the sameline			10 ml/hr 20 ml/hr	For 15 minutes For 15 minutes	
 Infuse over at least 2 hours. Begin at 10ml/hr and increase rate 			40 ml/hr	For 15 minutes	
				For 15 minutes	
mmHg) or adverse reaction (ie: urticaria, shortness of breath)occurs,			150 ml/hr		
slow or stop infusion immediately. After symptoms have resolved,			250 ml/hr	Until end of therapy	
may resume titration starting at10ml/hr.					
Premedication (15 minutes before infu Diphenhydramine □50mglV Acetaminophen □1000mgF □ Other: To Manage InfusionReactions:	□25mgIV				
 Methylprednisolone125mglVx1dosePRNsevereurticaria,pruritis,orSOB(Notifyphysician) Infusion Reaction Management per Infusion SolutionsProtocol: Acetaminophen 500mg (1,000mg if severe) PO Q4h PRN aches or temperature increases≥2°F Diphenhydramine 50mg IV x1 dose PRN urticaria, pruritis, orSOB Epinephrine1:10,000:0.1mglVslowlyover5min PRNanaphylaxis.Repeatevery5–15minx3doses. 					
 Nursing Orders: If no central IV access, RN to insert peripheral IV, rotate site every 72 to 120 hours or asneeded. Weight should be taken before eachdose. Monitorvitalsigns(pulse &bloodpressure)beforetherapyandevery15to30minuntil30minaftertherapy. If an infusion reaction occurs, decrease rate and monitor vital signs until symptoms subside. If reaction persists or worsens, stop infusion and notifyphysician. Observe patient for 30 minutes after completion oftherapy. Other: 					
Labs: CBCwithDiff CBCwithDiff Hepaticfunctionp CRP Other:	anel ateachdose anel ateachdose ateachdose	e □every_ e □every_			

PrescriberSignature