

Infliximab (Remicade, Renflexis, Inflectra) Infusion Order Set

Contraindications: Doses greater than 5 mg/kg for patients with moderate to severe CHF (NYHA Class III or IV); hypersensitivity to the active ingredient, murine protein, or any other component of the product.

= Optional Order = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

TB Test Result: _____ **Date:** _____ **Initial TB Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*

Pre-Medication

Ensure that the patient has taken the following pre-medications, if any:

- Patient to take oral medications at home prior to admission
- Acetaminophen (Tylenol) 650 mg PO 30 minutes prior to each infusion. *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
- Diphenhydramine (Benadryl) 25 mg PO 30 minutes prior to each infusion
- Methylprednisolone (Solu-medrol) 40 mg IVP prior to each infusion.
- Famotidine 20 mg, oral. Tab. *Give prior to treatment.*
- Famotidine 20 mg, IV Push. Injection. *Give prior to treatment.*
- Other: _____

DOSAGE - Pharmacy to calculate dose using the approved Rounding Protocol (see reverse).

Must choose one of the listed products: Remicade Renflexis Inflectra

Rheumatoid Arthritis

- Initial dose 3 mg/kg/dose IVPB at 0, 2, and 6 weeks. Total dose = _____mg
- Maintenance therapy 3 mg/kg/dose IVPB every 8 weeks. Total dose = _____mg
- Other dose: _____ (up to 10 mg/kg/dose)

Crohn's Disease or Ulcerative Colitis

- Rescue treatment: 5 mg/kg/dose IVPB. Total dose = _____mg
- Initial dose: 5 mg/kg/dose IVPB at 0, 2, 6 weeks. Total dose = _____mg
- Maintenance therapy: 5 mg/kg/dose IVPB every 8 weeks. Total dose = _____mg
- Other dose: _____ (up to 10 mg/kg/dose)

Other indications – please specify

Other: _____ (up to 10 mg/kg/dose)

Infusion Rate

- Use the following infusion rate schedule recommended by the manufacturer: **Must use an infusion set with an in-line sterile, non-pyrogenic, low protein binding filter (1.2 micron or less)**

Elapsed Time	Infusion Rate
0	Initiate therapy at 10 mL/hour times 15 minutes
15	Increase to 20 mL/hour times 15 minutes
30	Increase to 40 mL/hour times 15 minutes
45	Increase to 80 mL/hour times 15 minutes

Elapsed Time	Infusion Rate
60	Increase to 150 mL/hour times 30 minutes
90	Increase to 250 mL/hour times 30 minutes
120	End of therapy

- Subsequent infusions may begin at 40 ml/hour and titrate as tolerated to infuse over 2 hours.
- If no reaction after the first 4 infusions, may run over 1 hour.
- Vital signs every 30 minutes during infusion.

Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
 - Albuterol (Albuterol HFA) 2 puff(s), inhale. As indicated, PRN shortness of breath or wheezing. Dose range 1-2 puffs.
- Place O₂ PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO₂ every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

LAB ORDERS

- CMP Freq _____
- ESR Freq _____
- CBC with DIFF Freq _____
- Other: _____

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

