ONE CARE infusion pharmacy

Infliximab (Remicade) Order Form

DEMOGRAPHICS

PatientName:_____ DateofBirth:_____ Gender: ❑F❑M

Home Phone:_____ Cell:_____ Work:_____

Address:_____

City:_____ State:_____ Zip:_____

LegallyResponsibleRepresentative:_____ RelationshiptoPatient:_____

Diagnosis: ❑Crohn's Disease ❑RheumatoidArthritis ❑UlcerativeColitis ❑Psoriaticarthritis
ICD-10:_____ ❑Plaquepsoriasis ❑AlkylosingSpondylitis ❑Other:_____
CHFHistory? ❑No ❑Yes:NYClass_____(I-IV)
TBHistory: Date oflastPPD:_____ Result:_____

Medication Orders:

- Alteplase2mgIVtodeclot centralIVaccessperInfusionSolutionsprotocolasneededforocclusion.
- Flush with 0.9% NaCl and/orHeparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1ratio).

Infliximab:

Administration Frequency: ❑Onedose ❑3 doses (at 0, 2, and6weeks) ❑Maintenanceevery_____weeks
❑ 3 doses (at 0, 2, and 6 weeks) followed byinfusionsevery _____weeksthereafterDose: RPh will round UP to nearest multipleof100 ❑Give exact dose (do NOTround)

❑ 5mg/kg over at least 2hours**
❑ 3mg/kg over at least2hours**
❑ Other:_____mg/kg over at least 2hours**

**Dose based on actual body weight

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

- Dilute in 250mg 0.9% NaCl to a final concentration of 0.4 to 4mg/ml
- Do not infuse other medications through the sameline
- 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 at10ml/hr.

Premedication (15 minutes before infusion):

Diphenhydramine ❑50mgIV ❑25mgIV
Acetaminophen ❑1000mgPO ❑500mgPO
❑ Other:_____

To Manage InfusionReactions:

❑ Methylprednisolone125mgIVx1dosePRNsevereurticaria,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
  - Epinephrine1:10,000:0.1mgIVslowlyover5min 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 ❑ateachdose ❑every_____
❑ Hepaticfunctionpanel ❑ateachdose ❑every_____
❑ CRP ❑ateachdose ❑every_____
❑ Other:_____ ❑every_____

_____ _____
PrescriberSignature *Date*

_____
Please Print Name *NPI*