

Weight _____ kg (use actual weight for dose calculations)

ICD-10 Code: _____

Diagnosis: Crohns Disease Rheumatoid Arthritis
 Other: _____

1. Is this the first dose of Infliximab (Remicade) for this patient?

A. No

B. Yes, then has patient been skin-tested with PPD for latent Tuberculosis?

1. Yes, results: _____

2. No, then has patient had chest x-ray?

a. Yes, results: _____

b. No, infusion must be re-ordered after completion of test

Give one hour prior to start of Infliximab (Remicade) infusion:

1. Acetaminophen (Tylenol) 650mg orally times 1 dose

2. Diphenhydramine (Benadryl) 50mg orally times 1 dose

Give 15 minutes prior to start of Infliximab (Remicade) infusion if history of previous reaction:

1. Methylprednisolone 40mg IV times 1 dose

Infliximab (Remicade) administration (round dose up to nearest 100mg):

1. Is this the first dose of Infliximab (Remicade) for this patient?

A. Crohns disease: Infliximab IV 5mg x _____ kg = _____ mg

B. Rheumatoid Arthritis (range 3mg/kg to 10mg/kg): Infliximab IV _____ mg x _____ kg = _____ mg

C. Other: _____

2. Infliximab will be mixed in Normal Saline 250mL

3. Infuse via 0.22micron, low protein binding filter

4. Infuse Infliximab (Remicade) over a period of **NOT LESS** than 2 hours. **DO NOT** administer as IV push or bolus.

5. When the infusion is complete, flush the line with Normal Saline 20mL to clear line of all active drug

6. Do not infuse other medications into the IV line with Infliximab (Remicade)

Labs

Rheumatology: CMC, CMR, ESR, and CRP, complete labs with each infusion.

Gastroenterology: CBC, CMR, ESR, CRP, and LFTs each infusion every 6 months every 3 months

Vital Signs:

1. Take prior to infusion and every 30 minutes during infusion and at each rate change.

2. Call physician if: systolic BP less than _____ mmHg or blood pressure greater than _____ mmHg,
temperature greater than _____ °F

For moderate to severe infusion reaction:

1. Stop infusion and notify physician immediately

2. Oxygen by nasal cannula at 2 Liters per minute as needed for dyspnea

3. Dyphenhydramine (Benadryl) 50mg IV push over 3 minutes

4. Hydrocortisone sodium succinate 100mg IV push as needed for anaphylaxis

5. Epinephrine 0.2mg IV x 1 dose as needed for anaphylaxis, if no IV access give 0.3mg SQ x1.

Other: _____

Ordering Providers Signature _____ Date _____ Time _____

Cosigning Providers Signature (if required) _____ Date _____ Time _____



M.AIR

AIS
INFLIXAMAB
(REMICADE) INFUSION
THERAPY

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