Atrium Health Infusion Centers
Phone: 704-468-3400 **Fax:** 704-468-3401

Adult Inflectra Infusion Order (Revised 9/21/21)

Instructions to Provider: All orders with ☒ will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: Prior to first infusion Hep B Profile and PPD/Quantiferon Gold (If outside of Atrium, fax with order. Required prior to scheduling.)

Infusion Therapy: **ICD 10 code: _____**

☒ Inflectra (infliximab-dyyb) _____ mg/kg IV over 2 hours *(rounded to the next 100, unless within 10% of 100mg mark then round down)*

☐ **Frequency:** week 0, 2 and 6 then every _____ weeks (Loading and Maintenance) **OR**

☐ **Frequency:** every _____ weeks (Maintenance Only)

Pre-Meds: Administer 30 minutes prior to Inflectra ☐ No Pre-meds Needed

☐ Acetaminophen _____ mg PO x 1
☐ Hydrocortisone _____ mg IV x 1
☐ Benadryl _____ mg PO or ____ mg IV x 1 *(if applicable, only choose ONE)*
☐ Loratadine 10 mg PO x 1
☐ SoluMedrol _____ mg IV x 1

Additional Orders:

_____

Special Instructions:

- **Rate for Loading Doses (≤ 1000mg dose):** 20ml/hr x 10ml, 80ml/hr x 40ml, 150ml/hr x 75ml and 250ml/hr x remainder of infusion. **Rate for maintenance dose:** 125ml/hr x 250mL.
- **Rate for Loading Doses (> 1000mg dose):** 40mL/hr x 20mL, 160mL/hr x 80mL, 300mL/hr x 150mL, 500mL/hr X remainder. **Rate for maintenance dose:** 250mL/hr x 500mL.
- Infuse using a 1.2-micron filter or less
- If patient has an infusion reaction and the Inflectra is continued per provider order, the rate will be determined by provider
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Do not administer Inflectra and notify ordering provider if patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection.
- Monitor patient for new onset or worsening congestive heart failure symptoms.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion. During loading doses: obtain vital signs after 1st hour of infusion and PRN.
- Monitor for signs of reaction for 30 mins after completion of 1st infusion and subsequent infusions PRN if previous signs of reaction observed

Provider Name: _____
Provider Signature: _____
Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: