

Pediatric Loading Remicade Infusion Order (Revised 09/21/21)

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 and PPD/Quantiferon Gold (fax with order, required prior to scheduling)

Infusion Therapy:

- Remicade (infliximab) _____ mg IV over _____ hours **ICD 10 code:** _____
- Frequency:** weeks 0, 2, and 6, then every _____ weeks (loading and maintenance) **OR**
- Frequency:** every _____ weeks (maintenance)

Pre-Meds: Administer 30 minutes prior to Remicade

- Acetaminophen _____ mg PO x 1
- Benadryl _____ mg PO or _____ mg IV x 1 (*if applicable, only choose ONE*)
- Zofran _____ mg IV x 1
- SoluMedrol _____ mg IV x 1
- EMLA cream PRN prior to IV start

Anaphylaxis Medications:

- Epinephrine (1:1000) _____ mg SQ/IM; may be repeated after 5mins
- SoluMedrol _____ mg IV
- Benadryl _____ mg IV

Additional Orders:

Special Instructions:

- Labs: **CBC with diff, CMP, CRP, ESR, LFTs** Frequency: **with every infusion**
- **Draw a Remicade level prior to the 4th infusion**
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Do not administer Remicade 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.
- Instruct the family to call the office if patient develops headache, nausea, itching, fatigue or fever

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN:

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

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: