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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Inflectra (infliximab-dyyb)** | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  Hep B Profile and PPD/QuantiFERON Gold | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | | **ICD 10/Secondary Diagnosis:** | | | | |
| **Height:** | **Weight:** | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | **Frequency** | | | | |
| **Inflectra (infliximab-dyyb) \_\_\_\_\_\_ mg/kg IV over 2 hours**  ***(Rounded to the next 100, unless within 10% of 100mg mark then round down)*** | | | | | **Loading & Maintenance**  Week 0, 2, 6 and every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks  **Maintenance only**  Every \_\_\_\_\_\_\_\_\_\_\_ weeks | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | |
| **Medication** | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| Benadryl | | |  | IVP | Solu-Medrol | | |  | IVP |
| Benadryl | | |  | PO | Tylenol | | |  | PO |
| Hydrocortisone | | |  | IVP |  | | |  |  |
| Loratadine | | | 10 mg | PO |  | | |  |  |
| **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Labs** | | | | | | | | | |
| **☐ Labs drawn prior (results provided):** Hep B Profile and PPD/QuantiFERON Gold  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | | | | |
| **LAB** | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
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| **Nursing Communication/Orders** | | | | | | | | | |
| • 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  • 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. | | | | | | | | | |