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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** |
| [x]  **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:**[x]  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** |
|  |  |  |  |
|  |  |  |  |
| **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. |