|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:** | | | | | | **DOB:**  **Remicade (infliximab)**  **Rapid (Maintenance Only)** | | | |
| \*\*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:** | | | | | **ICD10/Secondary Diagnosis:** | | | | |
| **Height:** | **Weight:** | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | **Frequency** | | | | |
| Remicade (infliximab) \_\_\_\_\_\_\_\_ mg/kg IV over 1 hours  ***(Rounded to the next 100, unless within 10% of 100mg mark then round down)*** | | | | | **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 | | |  |  |  | | |  |  |
| Loratadine | | |  |  |  | | |  |  |
| **PRN MEDS**  Zofran 4mg IV every 3 hours PRN nausea/vomiting | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (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 Maintenance Dose (≤ 1000mg dose): 250ml/hr x 250mL. * Rate for Maintenance Dose (> 1000mg dose): 500/hr x 500mL.  |  | | --- | | * Infuse using a 1.2-micron filter or less * If patient has an infusion reaction and the Remicade is continued per provider order, the rate will be determined. * 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 | | | | | | | | | | |