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**Medication:** Remicade (infliximab)

**Dose:** 5mg/kg or less only

**Reason for Treatment:** Inflammatory Bowel Disease

**Qualifications for the Protocol:**

* Must be approved by the prescribing physician
* Must have completed the loading doses
* No history of infusion reaction to Remicade

**Pre-medications:** Per MD order.

**Special Considerations:**

* Participation is optional. No patient will be required to participate.
* Patients who experience an infusion reaction will continue receiving Remicade at the discretion of the MD. If they will continue Remicade, then they will return to the standard infusion rate of 2 hours.

 Updated: 9/11/2019