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| **Patient:****Remicade (infliximab)** | **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:**  | **ICD10/Secondary Diagnosis:** |
| **Height:** | **Weight:** | **Allergies:** |
| **Infusion Therapy**  | **Frequency** |
| [x]  Remicade (infliximab) \_\_\_\_\_\_ 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, 4 then 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 | 10mg | PO |[ ]   |  |
|  **PRN MEDS**N/A  | **PRN EMERGENCY MEDS:**[x]  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** |
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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 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
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