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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** | | | | |
| 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:**  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 | | | | | | | | | |