

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Infusion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_

Infusion Location: (state and site) \_\_\_\_\_

### Remicade and Biosimilar Infusion Orders

- MD approves of drug selection based on Insurance requirements (Remicade, Inflectra, Avsola, Renflexis)
- MD wants a specific drug used only Drug \_\_\_\_\_

Diagnosis (add ICD-10 code)

_____ Crohn's Disease	_____ Ulcerative Colitis	_____ Rheumatoid Arthritis
_____ Psoriatic Arthritis	_____ Ankylosing Spondylitis	_____ Other: _____

Nursing Orders: -Hold infusion and notify provider for:

- o Signs/symptoms of illness or active infection/cough, night sweats, weight loss
- o Planned/recent surgical procedures or recent live vaccinations, TB or Hep B positive

-If infusion-related reaction occurs, stop infusion/ follow Hypersensitivity Reaction Management Policy/Protocol

<b>PREMEDICATIONS:</b>	<input type="checkbox"/> Loratadine 10mg PO
<input type="checkbox"/> Tylenol 500mg PO	<input type="checkbox"/> Solu-Medrol _____
<input type="checkbox"/> Benadryl 25-50mg IV or PO (select)	<input type="checkbox"/> OTHER _____
<b>Labs:</b>	Other _____
<input type="checkbox"/> CBC with diff, CMP Frequency _____	Frequency _____
<b>DOSING:</b>	
_____ mg ( _____ mg/kg x _____ kg)	
<input type="checkbox"/> Mix in 250ml of NS for doses less than 999mg <input type="checkbox"/> Mix in 500ml NS for doses greater than 1000mg <i>MUST Use inline sterile non-pyrogenic low protein binding filter (1.2 micron or less)</i>	
<b>FREQUENCY:</b>	
<input type="checkbox"/> Weeks 0, 2, and 6, then every _____ weeks <input type="checkbox"/> Every _____ weeks	

Titrate infusion rates as follows:

- Initial three infusions:

Doses up to 1000mg	Doses exceeding 1000mg
20 ml/hr x 15 minutes	40ml/hr x 15 minutes
80ml/hr x 15 minutes	160ml/hr x 15 minutes
150ml/hr x until complete	300ml/hr x until complete

- o Monitor vital signs with every rate change and at least every 30 minutes.
- All subsequent infusions (if previously well-tolerated):
  - o Doses up to 1000mg in 250ml- Infuse at 125 ml/hr (over a period of *at least* 2 hours)
  - o Doses exceeding 1000mg in 500ml- Infuse at 250ml/hr (over *at least* 2 hours)
  - o Monitor vital signs every hour

Provider Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Time: \_\_\_\_\_