



Infliximab (REMICADE)

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

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Name: _____

DOB: _____ Phone: _____

Gender: Male Female

Allergies: _____

DIAGNOSIS (ICD-10 code required):

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

PROVIDER REMINDERS:

- All orders with a will be placed unless otherwise noted
- Screen for viral hepatitis prior to use
- Ensure baseline PPD or quantiFERON-TB assay for latent TB
- Live vaccines should not be given concurrently or within 3 months of discontinuation of therapy
- Do not combine with tumor necrosis factor (TNF) agents or other biologic DMARDS
- **Rheumatology:** CBC, ALT, AST, and Creatinine every 8 weeks
- **GI/Derm:** CBC, ALT, AST, and Creatinine every 12 weeks

TREATMENT CRITERIA:

Hold Infliximab (REMICADE) if:

- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Taking antibiotics for current infection
- *Initial dose only:* Unable to verify negative TB and HBV results
- Live vaccines received within 30 days of treatment
- **Rheumatology:** CBC, ALT, AST, and Creatinine have not been drawn within the last 12 weeks
- **GI/Derm:** CBC, ALT, AST, and Creatinine have not been drawn within the last 16 weeks

Nursing Considerations:

- **Rheumatology:** Ensure CBC, ALT, AST, and Creatinine have been drawn within the last 8 weeks, if not, proceed with infusion and instruct patient to have labs drawn today
- **GI/Derm:** Ensure CBC, ALT, AST, and Creatinine have been drawn within the last 12 weeks, if not, proceed with infusion and instruct patient to have labs drawn today
- Monitor for adverse reaction, including vital signs and pulse ox, every 15 minutes until max infusion rate achieved, then at the end of infusion, and 30 minutes post infusion
- Patient may forgo 30 minute post observation period after four consecutive infusions at 125mL/hr (max rate), without adverse reaction

Special Instruction(s):

Premedications

- Acetaminophen (TYLENOL) 650mg PO**, Once, 30 minutes prior to Infliximab infusion.
- Cetirizine (ZYRTEC) 10mg PO**, Once, at least 30 minutes prior to Infliximab infusion.
- Hydrocortisone Sodium Succinate (SOLU-CORTEF) 50mg IVP (NOT ROUTINE; ONLY IF BREAKTHROUGH REACTION)** Once PRN, 30 minutes prior to Infliximab infusion in addition to Acetaminophen and Cetirizine if patient experiences symptoms with Acetaminophen and Cetirizine alone.
- _____

Medications

Patient Weight _____ kg (**REQUIRED**)

Infuse **Infliximab (REMICADE)** Intravenously:

Dose:

- 3mg/kg 5mg/kg 10mg/kg _____

Initial Dose: Start infusion rate at 10mL/hr, then double rate every 15 minutes. After one hour, increase rate to 125mL/hr until infusion is complete.

Subsequent Infusions: If no adverse reaction to initial dose, start infusion rate at 40mL/hr for 15 minutes, then increase rate to 125mL/hr until infusion is complete. Then, if no adverse reaction for at least 4 more consecutive treatments, start infusion rate at 125mL/hr.

Frequency:

- Induction + Maintenance: Every 2 weeks x 2 doses, then every 4 weeks x 1 dose, then every 8 weeks thereafter
- Maintenance: Every 8 weeks

IV LINE CARE per Nursing Policy

INFUSION REACTION MEDICATIONS per Standardized Procedures

TREATMENT ORDER WEIGHT will be utilized for the duration of the order. Patient will be weighed prior to every treatment. Prescriber will be notified of weight change greater than 10% from baseline weight.

Provider Signature _____ Date _____ Email _____

Printed Name _____ Phone _____ Fax _____

Office Contact _____ Phone _____ Email _____