

REMICADE INFUSION ORDERS

Patient Name: _____ Date of Birth: _____

Diagnosis: _____

**NOTE: Screen patients at each visit for active infection before any treatment is given, including TB.
If active infection present, notify physician immediately.**

Please check one:

<input type="checkbox"/> Initial Infusion	<input type="checkbox"/> Subsequent Infusion with defined course of treatment
---	---

The following orders will be enacted unless a specific order is written to the contrary:

1. RN to review "Med Guide" with patient prior to each treatment.
2. Patient weight prior to infusion
3. Live vaccinations should not be given concurrently with Remicade.

Please check to activate each order desired:

4. **Remicade Schedule of Infusions Dosage:** _____ mg/kg = _____ mg

- | | |
|--|--|
| <input type="checkbox"/> One Time Only Order | <input type="checkbox"/> Week 6 |
| <input type="checkbox"/> Day 0 | <input type="checkbox"/> Every 8 weeks X 12 months |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Other _____ |

5. If pre-medication is required, check to activate each order desired:

<input type="checkbox"/> Acetaminophen (Tylenol) 500mg PO X 1	<input type="checkbox"/> Patient instructed to take at home
<input type="checkbox"/> Loratadine (Claritin) 10mg PO X 1 --OR-- <input type="checkbox"/> Diphenhydramine (Benadryl) 50mg PO X 1	<input type="checkbox"/> Patient instructed to take at home
<input type="checkbox"/> Prednisone _____ mg PO PM night before infusion	<input type="checkbox"/> Patient instructed to take at home
<input type="checkbox"/> Prednisone _____ mg PO AM morning of infusion	<input type="checkbox"/> Patient instructed to take at home

6. **The following orders will be enacted unless a specific order is written to the contrary:**

Infection reaction protocol:

For **minor** infusion reaction (fever, flushing, chills):

- Stop infusion for 10 minutes
- Restart infusion at 10ml/hour for 15 minutes, then increase rate schedule per protocol

For **moderate** infusion reaction (pruritis, urticaria, arthralgia, rash, nausea/vomiting):

- STOP infusion
- Give diphenhydramine 25mg IV x 1. May repeat X 1 in 10 minutes if reaction does not subside.
- Restart infusion at 10ml/hour only if patient is asymptomatic and vital signs are stable. After 15 minutes may increase rate per protocol.
- Notify physician

For **severe** infusion reaction or anaphylaxis (hypotension, hypertension, chest pain, dyspnea, wheezing, palpitations):

- **STOP INFUSION OF REMICADE IMMEDIATELY**
- For ANAPHYLAXIS: Epinephrine (Epi-Pen) 0.3mg (0.3ml) IM x 1 STAT, administered into anterolateral aspect of the thigh
- For HYPOTENSION: Bolus IV 0.9% Sodium Chloride 1000 ml over 1 hour
- Diphenhydramine (Benadryl) 25mg IV X 1 dose
- Methylprednisolone (Solu-Medrol) 125 mg IV x 1 dose
- Notify physician
- Transport the patient to the emergency department

PHYSICIAN SIGNATURE_____
DATE/TIME

Short Stay Schedule (for office use only):

Day # 0: _____

Week # 2: _____

Week # 6: _____

Every 8 weeks thereafter: _____

Wentworth-Douglass Hospital
PHYSICIAN ORDERS**OUTPATIENT
INFLIXIMAB (REMICADE) INFUSION ORDERS**

PO0020

6011-145MR
Rev. 07/26/17

Remicade Infusion Rates:

0	Initiate therapy at 10ml/hour X 15 minutes
15	Increase to 20ml/hour X 15 minutes
30	Increase to 40ml/hour X 15 minutes
45	Increase to 80ml/hour X 15 minutes
60	Increase to 150ml/hour X 15 minutes
75	Increase to 250ml/hour until finished
120	End of Therapy

Wentworth–Douglass Hospital
PHYSICIAN ORDERS

**OUTPATIENT
INFLIXIMAB (REMICADE) INFUSION ORDERS**



PO0020

6011–145MR
Rev. 07/26/17