Holland Hospital
AMBULATORY TREATMENT UNIT

Phone (616) 394-3547
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Infliximab (Remicade, Renflexis, Inflectra) Infusion Order Set

Contraindications: Doses greater than 5 mg/kg for patients with moderate to severe CHF (NYHA Class III or IV); hypersensitivity to the active ingredient, murine protein, or any other component of the product.

☐ = Optional Order ● = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS

Date: _____ **Time:** _____ **Diagnosis Code: (ICD-10)** _____

Patient Name: _____ **Date of Birth:** _____ **Weight:** _____ (kg)

Allergies: _____

☑ **TB Test Result:** _____ **Date:** _____ **Initial TB Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*

Pre-Infusion

Ensure that the patient has taken the following pre-medications, if any:

- ☐ Patient to take oral medications at home prior to admission
- ☐ Acetaminophen (Tylenol) 650 mg PO 30 minutes prior to each infusion. *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
- ☐ Diphenhydramine (Benadryl) 25 mg PO 30 minutes prior to each infusion
- ☐ Methylprednisolone (Solu-medrol) 40 mg IVP prior to each infusion.
- ☐ Other: _____

DOSAGE - *Pharmacy to calculate dose using the approved Rounding Protocol (see reverse)*.

Must choose one of the listed products: ☐ Remicade ☐ Renflexis ☐ Inflectra

Rheumatoid Arthritis

- ☐ Initial dose 3 mg/kg/dose IVPB at 0, 2, and 6 weeks. Total dose =_____mg
- ☐ Maintenance therapy 3 mg/kg/dose IVPB every 8 weeks. Total dose =_____mg
- ☐ Other dose: _____ (up to 10 mg/kg/dose)

Crohn's Disease or Ulcerative Colitis

- ☐ Rescue treatment: 5 mg/kg/dose IVPB. Total dose =_____mg
- ☐ Initial dose: 5 mg/kg/dose IVPB at 0, 2, 6 weeks. Total dose =_____mg
- ☐ Maintenance therapy: 5 mg/kg/dose IVPB every 8 weeks. Total dose =_____mg
- ☐ Other dose: _____ (up to 10 mg/kg/dose)

Other indications – please specify

Other: _____ (up to 10 mg/kg/dose)

Infusion Rate

- Use the following infusion rate schedule recommended by the manufacturer: ***Must use an infusion set with an in-line sterile, non-pyrogenic, low protein binding filter (1.2 micron or less)***

Elapsed Time	Infusion Rate
0	Initiate therapy at 10 mL/hour times 15 minutes
15	Increase to 20 mL/hour times 15 minutes
30	Increase to 40 mL/hour times 15 minutes
45	Increase to 80 mL/hour times 15 minutes

Elapsed Time	Infusion Rate
60	Increase to 150 mL/hour times 30 minutes
90	Increase to 250 mL/hour times 30 minutes
120	End of therapy

- Subsequent infusions may begin at 40 ml/hour and titrate as tolerated to infuse over 2 hours.
- If no reaction after the first 4 infusions, may run over 1 hour.
- Vital signs every 30 minutes during infusion.

Treatment for Adverse Drug Reactions (*for mild to moderate infusion reaction*)

- Slow or stop infusion for 20 minutes
- Give:
  - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
  - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". *(Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)*
  - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O_2 PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO_2 every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

LAB ORDERS

- ☐ CMP Freq _____
- ☐ ESR Freq _____
- ☐ CBD with DIFF Freq _____
- ☐ Other:

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

Order is in effect for six (6) months following order date