

Infusion

Inflectra (Infliximab-dyyb)



PATIENT INFORMATION

Patient Name: _____ DOB: _____

Date: _____ Is the patient in a SNF? Yes No

Physician: _____ Phone: _____

ICD-10 Code **AND** description: _____

ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

Pt ht _____ Pt weight _____ (kg)

Infliximab-dyyb _____ mg/kg IV (_____ mg) (round dose up to the nearest 100mg). Administer in 250-500ml NS with 1.2 micron or less filter. Infuse over no less than 2 hrs. **(A dose change will require a new order and insurance authorization)**

FREQUENCY: (select one)

Initial dose, 2 weeks, 6 weeks, then every 8 weeks **OR** One dose only **OR** Other (specify) _____

PRE-MEDS (DRUG, DOSE, AND ROUTE):

Patients should be instructed to take oral medications 1/2 hr before appointment

Diphenhydramine (check one) 12.5mg IV 25mg IV 50mg IV If patient did not take oral meds at home

Tylenol (check one) 500mg **OR** 650mg **OR** _____ mg PO if patient did not take oral meds at home

Ondansetron 4mg IV PRN Nausea Other (drug, dose, route and frequency) _____

FREQUENCY OF PRE-MED

First 3 doses only Prior to each dose of Infliximab PRN for s/sx of infusion reaction

LABORATORY TESTING:

QFG TB testing every 12 months while on therapy. Most current TB test & type: _____ Results: _____

Lab every _____ wks before each infusion, starting on infusion # _____ Date: _____

CMP **CBC** **ESR** **CRP** **Folate** **Vit B-12** Other: _____

PATIENTS WITH CENTRAL LINE ACCESS:

Select one: Patient has a PICC Implanted port Other CVAD _____ Patient does not have a CVAD

Central line care per Salem Health CVAD Access Policy and Lippincott procedure. Access/deaccess per manufacture device maintenance card if available.

May use heparin flush solution per Salem Health CVAD/Lippincott procedures for devices requiring heparin.

Alteplase per Salem Health Central Venous Access Device declotting (Lippincott) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow.

1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.) Notify Physician or Provider

Contact MD prior to infusion if patient reports changes from previous infusion related to: active infection, illness (with or without fever) active cancer, CHF, previous infusion reactions to Infliximab. Notify MD of all infusion reactions.

Notify physician if infusion NOT given or patient status is 'No Show' for his or her appointment.

Follow SH Infusion reaction protocol for symptom of infusion reaction.

Provider Signature

Provider Printed Name

Date:

salemhealth.org

Outpatient Infusion

Appointment line: 503-814-4638

Fax: 503-814-1465

Order template reviewed and approved by:

PATIENT LABEL

DSC 436597 (11/18)