

Infusion

Infliximab



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Physician: _____

Date: _____ Allergies: _____ Pt Weight: _____ kg

ICD-10: _____

(Check diagnosis)

Rheumatoid Arthritis Psoriatic Arthritis Crohn's Disease Fistulizing Crohn's Ulcerative Colitis

Other (specify): _____

ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

DOSE

Infliximab _____ mg/kg IV (_____ mg) (round dose UP to the nearest 100mg). Administer in 250-500ml NS with 1.2 micron (or smaller) in-line filter. Infuse over no less than 2 hrs.

FREQUENCY: (select one)

Initial dose, 2 weeks, 6 weeks, then every 8 weeks

One dose only

Other (specify) _____

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

* Patients should be instructed to take oral medications ½ hr before appointment*

Diphenhydramine (check one) 25mg IV 50mg IV If patient forgets to take at home

Tylenol (check one) 650 mg PO if patient forgets to take at home

Ondansetron 4mg IV PRN Nausea

Other (drug, dose, route and frequency)

FREQUENCY OF PRE-MEDICATION (select all that apply)

First 3 doses only

Prior to each dose of Infliximab

PRN for s/sx of infusion reaction

QFG TB testing every 12 months while on therapy.

Most current TB test & type: _____ Results: _____ Date: _____

Lab every _____ weeks before each infusion, starting on week ____: CMP CBC ESR CRP

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. (Lippincott)

Alteplase per Salem Health Central Venous Access Device clotting (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

Infusion

Appointment line: 503-814-4638

(M-F: 8 a.m.-5 p.m., Sat & Sun 8 a.m.-4 p.m.)

Fax: 503-814-1465

PATIENT LABEL