

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Provider Orders for:

**InFLIXimab Infusion** (Page 1 of 2)

= must check off to order /  automatically initiated unless crossed out

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weight \_\_\_\_\_ kg Height: \_\_\_\_\_ cm BSA: \_\_\_\_\_

**Diagnosis:**

- Crohn's disease       Ulcerative colitis       Plaque psoriasis  
 Psoriatic arthritis       Rheumatoid arthritis       Ankylosing spondylitis

PPD Date: \_\_\_\_\_ Result: \_\_\_\_\_ Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_

**Infusion:**

- Inflectra (Drug of choice)  
 Remicade (Non-formulary – Provider must complete a formulary request form)

**Infusion Frequency:**

- One time only       Three visits (Day 0, 2 Weeks, 6 Weeks)  
 Maintenance infusion every \_\_\_\_\_ weeks until \_\_\_\_\_ (STOP DATE)

**Vital Signs:**

- Prior to infusion, at every rate increase, and completion  
**Notify Physician if:** Systolic BP less than 90 mmHg or greater than 160 mmHg and/or  
Pulse less than 60/minute or greater than 120/minute and/or  
Temperature greater than 38.3° C (101° F)

- For reactions to inFLIXimab STOP INFUSION and initiate **Anaphylactic Reaction Med-Induced Physician Orders – (Form #83EANAPX)**

**Supportive Medications:**

- acetaminophen (Tylenol) 650 mg PO Before inFLIXimab  
 dexamethasone (Decadron)     10 mg or  20 mg     IVPB or  PO Before inFLIXimab  
 diphenhydrAMINE (Benadryl)     25 mg or  50 mg     IVPB or  PO Before inFLIXimab

**Other Medications:** \_\_\_\_\_  
\_\_\_\_\_

**IV Line Patency Maintenance:**

- NS IV 250 mL at 30 mL/hr during infusion  
 Flush central line with 5 mL heparin 100 units/mL IV

**Other Orders:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, RN  
(Nurse Signature)  
83EINFLI 02/18

\_\_\_\_\_, MD  
(Physician Signature)

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Provider Orders for:

**InFLIXimab Infusion** (Page 2 of 2)

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**InFLIXimab Treatment Order**

Drug	Dose	Total Daily Dose	Route
<input type="checkbox"/> inFLIXimab	3 mg/kg	_____ mg	IVPB in NS (see protocol below) (final concentration to be between 0.4 to 4 mg/mL)
<input type="checkbox"/> inFLIXimab	5 mg/kg	_____ mg	IVPB in NS (see protocol below) (final concentration to be between 0.4 to 4 mg/mL)
<input type="checkbox"/> inFLIXimab	__ mg/kg	_____ mg	IVPB in NS (see protocol below) (final concentration to be between 0.4 to 4 mg/mL)

\*Begin infusion within 3 hours of reconstitution. Pharmacy to adjust dose to patient current weight.  
Infuse with 1.2 Micron filter. Do Not infuse any other medication into line with inFLIXimab.

**\*Flush line with NS before and after medication is administered.**

**Initial Infliximab infusion per 90-minute (min) protocol**

**\*If tolerated, remaining doses to be infused using 60-minute (min) protocol**

**\*IF any infusion reactions, use standard 2 hour protocol**

Standard Infliximab Infusions	Accelerated Infliximab Infusions			
	*Rates for total volume of 250 mL*		^Rates for total volume of 500 mL^	
	*250mL, 90 min	*250mL, 60 min	^500mL, 90 min	^500mL, 60 min
<b>Infusion Rates</b>	<b>Infusion Rates</b>	<b>Infusion Rates</b>	<b>Infusion Rates</b>	<b>Infusion Rates</b>
10 mL/hr x 15 min	10 mL/hr x 15 min	20 mL/hr x 8 min	20 mL/hr x 15 min	50 mL/hr x 8 min
20 mL/hr x 15 min	20 mL/hr x 15 min	40 mL/hr x 8 min	40 mL/hr x 15 min	100 mL/hr x 8 min
40 mL/hr x 15 min	40 mL/hr x 15 min	80 mL/hr x 8 min	80 mL/hr x 15 min	350 mL/hr x 8 min
80 mL/hr x 15 min	80 mL/hr x 15 min	160 mL/hr x 8 min	300 mL/hr x 8 min	500 mL/hr x 8 min
150 mL/hr x 30 min	500 mL/hr until done	300 mL/hr x 15 min	700 mL/hr until done	750 mL/hr until done
250mL/hr until done		550 mL/hr until done		

Protocols produced for standard and accelerated Infliximab infusions

Supporting Study:

McConnell J, et al. World Journal of Gastrointestinal Pharmacology and Therapeutics. 2012; 3(5): 74-82  
PubMed Central 2015. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3602441>

\_\_\_\_\_, RN  
(Nurse Signature)  
83EINFLI 02/18

\_\_\_\_\_, MD  
(Physician Signature)