



Print Patient Name (Required)

DOB

Height (cm):
Weight (kg):
BSA (m2):
Allergies:

Place Patient Barcode Here

Infliximab (or biosimilar) Infusion

Admit to: Diagnosis: Infusion Date:

- Port Broviac PICC Place Peripheral IV Topical anesthetic per protocol
Normal Saline/Heparin Flush per protocol

Premedications

- Acetaminophen Methylprednisolone
Diphenhydramine Ondansetron

Select Product to infuse (per insurance approval):

- Remicade (infliximab) Inflectra (infliximab-dyyb) Avsola (infliximab-axxq)

Dose: mg IV once; infuse with low protein binding 0.2 micrometer in-line filter

- Titration orders: 10ml/hr X 15 min, 20ml/hr X 15 min, 40ml/hr X 15 min, 80ml/hr X 15 min, 150ml/hr X 30 min, 250ml/hr until completed
Titration orders if different than above:

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital Signs at the beginning, Q15 min with rate changes, then Q30 minutes until completion, and at the end of the infusion.
Obtain the following labs with IV or central line access prior to the start of infusion:
CBC CMP BMP ALT AST UA Other:
IGG IGG/IGA/IGM Infliximab level
Call lab results prior to starting infusion **Fax all lab results to ordering provider**
Discharge once infusion completed Discharge 30 minutes post infusion

PRN medications:

- Ibuprofen (10 mg/kg) = mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)
Acetaminophen (15 mg/kg) = mg (max 650 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving, must wait at least 4 hrs from any prior dose)
Ondansetron (0.15 mg/kg) = mg (max 8 mg) IV once prn nausea

Medications for allergic reaction (hives/itching/flushing, etc):

If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medications on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.

- Diphenhydramine (1mg/kg) = mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)
Famotidine (0.5 mg/kg) = mg (max 20 mg) IV once
Methylprednisolone (2 mg/kg) = mg (max 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):

- < 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = mg IM once
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once
≥ 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once

Orders good until this date: Infusion Frequency:

Provider's Signature: Date: Time:

