

# 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