



Patient Name: _____
 DOB: _____
 Date of Last Infusion _____
 Insurance: _____

Clinic Location:
 Merrimack, NH
 Concord, NH

Infliximab (Remicade®) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Crohn's Disease (ICD-10) _____ Ulcerative Colitis (ICD-10)
 _____ Other: _____ (ICD-10)

Nursing Orders:

- Hold infusion and notify provider for:
 - Signs/symptoms of illness or active infection
 - Planned/recent surgical procedures
 - Cough, night sweats, unintended weight loss
 - Recent live vaccinations
- If infusion-related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.

Pre-medications:

- Tylenol 500 mg orally
- Zyrtec 10 mg orally
- Solu-Medrol 125 mg IVP
- Other: _____

Administer infliximab _____ mg/kg x current weight (_____ kg) = _____ mg

-OR-

Administer infliximab _____ mg

Mixed in 250 mL (or 500 mL for doses exceeding 1000mg) 0.9% sodium chloride. Use in-line, sterile, non-pyrogenic low-protein binding filter (pore size 1.2 micron or less).

Titrate infusion rates as follows:

▪ **Initial three infusions:**

Doses up to 1000mg	Doses exceeding 1000mg
20 ml/hr x 15 minutes	40mg/hr x 15 minutes
80ml/hr x 15 minutes	160mg/hr x 15 minutes
150ml/hr x until complete	300mg/hr x until complete

- Monitor vital signs with every rate change and at least every 30 minutes.
- **All subsequent infusions (if previously well-tolerated):**
 - Doses up to 1000mg-** Infuse at 125 ml/hr (over a period of *at least* 2 hours)
 - Doses exceeding 1000mg-** Infuse at 250ml/hr (over a period of at least 2 hours)
 - Monitor vital signs every hour.

Frequency (chose one):

- Weeks 0, 2, and 6, then every _____ weeks
- Every _____ weeks

Ordering Provider (please print): _____

Provider signature: _____ Date: _____

Revised 10/16/2020. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.