Novella Infusion

Patient Name:
DOB:
Date of Last Infusion
Insurance:

Clinic Location:
Merrimack, NH☐
Concord, NH ☐

Avsola® (infliximab-axxq) Infusion Orders

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

_____ (ICD-10) Crohn's Disease
_____ (ICD-10) Ulcerative Colitis
_____ (ICD-10) Rheumatoid Arthritis
_____ (ICD-10) Psoriatic Arthritis
_____ (ICD-10) Ankylosing Spondylitis
_____ (ICD-10) _____

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

Pre-medications (to be administered once prior to infusion, no wait period required): □ **PRN**

☐ Tylenol 500 mg orally ☐ Loratadine 10 mg orally ☐ Benadryl 25 mg orally

☐ Other: _____

Lab Orders: ☐ CBC w/diff, CMP every other infusion ☐ Other:

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

-OR-

Administer infliximab-axxq _____ 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			Subsequent infusions (if previously well-tolerated)		
Time (mins)	Infusion Rate	VS freq.	Time (mins)	Infusion Rate	VS freq.
Start	10 ml/hr		Start	20 ml/hr	
15	20 ml/hr	☑ VS	15	80 ml/hr	☑ VS
30	40 ml/hr		30	150 ml/hr	
45	80 ml/hr	☑ VS	45	No change	
60	150 ml/hr	☑ VS	60	No change	
75	No change		75	No change	☑ VS
90	250 ml/hr	☑ VS	90	No change	
120	Complete	☑ VS	120	Complete	☑ VS

Frequency (chose one): ☐ Weeks 0, 2, and 6, then every _____ weeks ☐ Every _____ weeks

Provider name (print): _____ Date:_____

Provider signature: _____ Time: _____

Revised 2/20/19. 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.