LIFEBRIDGE HEALTH
CARE BRAVELY

INFLIXIMAB/INFLIXIMAB-xxxx IV ORDER FORM

Patient Label

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____ Height: _____

Allergies: _____ Weight: _____

Pre-appointment Documentation:
Please fax most recent office visit note documenting the patient's diagnosis as well as a copy of the patient's demographic information along with this order form.

Infliximab may cause viral reactivation, anemia and/or hepatotoxicity. Baseline assessment of CBC, LFTs and HIV/HBV/hepatitis B/hepatitis C/TB status are recommended prior to start of therapy. Subsequent reassessment and monitoring of the same parameters are recommended as clinically indicated.

Treatment:

☐ **Premedication(s)** – *please check all premedication(s) desired for treatment*
- ☐ Acetaminophen 650mg PO once
- ☐ Diphenhydramine **25mg** or **50mg** **PO** or **IV** once *(will use 25mg PO if dose/route not indicated)*
- ☐ Methylprednisolone 125mg IVP once
- ☐ Other: _____

*****Unless otherwise indicated by insurance, infliximab-abda (Renflexis®) will be drug of choice.*****

☐ **Infliximab/infliximab-xxxx Induction** (5-10mg/kg/dose in 250mL NS, final concentration 0.4 to 4mg/mL)

Infliximab/infliximab-xxxx _____mg (round to nearest 100mg) in 250mL NS IV over 2 hours once on week 0, week 2 and week 6

☐ **Infliximab/infliximab-xxxx Maintenance** (5-10mg/kg/dose in 250mL NS, final concentration 0.4 to 4mg/mL)

Infliximab/infliximab-xxxx _____mg (round to nearest 100mg) in 250mL NS IV over 2 hours

Frequency: every _____ weeks Duration of treatment: _____

☐ **Rapid infusion protocol** – If four 120-minute infusions are tolerated without reaction, infliximab-xxxx may be administered over 90 minutes x 1 infusion, then 60 minutes for all subsequent infusions.
NOTE: rapid infusion protocol will only be implemented for patients being treated for inflammatory bowel disease who weigh > 15kg. Any mild infusion reaction will result in reverting to 120-minute infusion time. Dose changes will require one 120-minute infusion at the new dose prior to resuming rapid infusion rate.

☒ **Hypersensitivity/Anaphylaxis Medications and Extravasation Management (PRN):** Follow Adult Hypersensitivity Protocol as needed per Nursing Protocol for the treatment of allergic/hypersensitivity reaction. Follow established hospital protocol for extravasation.

Physician's Name (Print): _____ Signature: _____ Date: _____

Contact Number: _____ Fax Number: _____

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