



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 Peripheral
Normal Saline/Heparin flush per protocol
Topical anesthetic per protocol

Premedication

- Acetaminophen = mg PO (max dose 1000mg)
Methylprednisolone = mg IV
Diphenhydramine = mg IV or PO (max dose 50mg)
Other:
Ondansetron = mg IV or PO

Select Product to infuse (per insurance approval):

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

Dose: mg IV once

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

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital Signs at the beginning, Q15 minutes with rate changes, then every 30 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:

- Diphenhydramine (1mg/kg) = mg IV or PO once prn itching
Ibuprofen (10mg/kg) = mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)
Acetaminophen (15mg/kg) = mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)

Orders good until this date: Infusion Frequency:

Provider's Signature: Date: Time:

Printed Name:

