



<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL <b>KUMED</b> 3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  <b>DT0017</b>	<p>PATIENT LABEL</p>
<b>PHYSICIAN'S ORDER FORM</b>		

DATE & TIME	#	<b>ORDERS</b> <b>INFLIXIMAB (REMICADE®) INFUSION</b>
		<b>Reference:</b> Stone, Wanda. Comprehensive Nursing Approach to Infliximab Infusion Therapy. Journal of Infusion Nursing. 2003;26(6): 380-387.
	1.	<i>Order Initiation Date:</i> _____ <i>(Expires 6 months from initiation date)</i>
	2.	<b>Allergies:</b> _____ <b>Patient Weight:</b> _____ kg
	3.	<b>Attending Physician:</b> _____ <b>Pager #</b> _____ <b>Resident Physician:</b> _____ <b>Pager #</b> _____
	4.	<b>Diagnosis:</b> _____ <b>ICD 9 Code:</b> _____
	5.	<b>Indications:</b> _____
	6.	<b>Nursing:</b> <ul style="list-style-type: none"> <li>• Obtain patient weight on initial infusion.</li> <li>• Obtain baseline vital signs (temperature, heart rate, blood pressure, oxygen saturation, and respiratory rate).</li> <li>• Ask patient if she/he has had any recent infection or completed antibiotics since last infusion.</li> <li>• Assess patient if he/she has had any S/S of infection of his/her joints.</li> <li>• Insert 22 gauge or 24 gauge IV and saline lock.</li> <li>• Monitor vital signs at start of infusion, every 30 minutes during infusion, and at end of infusion.</li> <li>• If reaction occurs take the VS every 15 minutes until the patient has no signs or symptoms of the medication reaction. May re-initiate the infusion at a lower rate and monitor the patient's vital signs every 15 minutes until no S/S of reaction and then resume previous vital sign checks.</li> </ul>
	7.	<b>Labs</b> to be drawn prior to infusion:
	8.	<b>IV Fluids:</b> <ul style="list-style-type: none"> <li>• Flush IV site with 25 mL NS at the completion of the infusion.</li> </ul>
	9.	<b>Pre-medication orders:</b> <input type="checkbox"/> Acetaminophen (Tylenol) 500 mg po 30 minutes prior to infusion. <input type="checkbox"/> Loratadine (Claritin) 10 mg po 30 minutes prior to infusion. May substitute other antihistamines. <input type="checkbox"/> Diphenhydramine (Benadryl) 25 mg IV prior to the infusion.
	10.	<b>Medications:</b> Infliximab (Remicade®) _____mg IV (3 -10 mg/kg/dose maintenance) every _____ week for 6 months. Infliximab is given in multiples of 100 mg vials. Infusion should begin within 2-3 hours of admixture. Use infusion set 0.22 micro filter. Initiate Infusion at: 10mL/hr X 15 min Increase to: 20 mL/hr X 15 min 40 mL/hr X 15 min 80 mL/hr X 15 min 150 mL/hr X 30 min 250 mL/hr X 30 min Infusion time should <u>not</u> be less than two hours. DO NOT infuse any other medication into the IV access.

INFLIXIMAB (REMICADE®) INFUSION (Page 1 of 2)

