



Remicade® [package insert].Horsham, PA: Janssen Biotech, Inc.; Oct. 2015.

Height: _____(cm)	BSA: _____m <sup>2</sup>	Allergies:
Weight: _____(Kg)		

**Diagnosis: Principal ICD-10:** \_\_\_\_\_ **Secondary ICD-10:** \_\_\_\_\_

- IV START:** access port or verify central line patency and run 250 ml 0.9% NaCl at rate of 40ml/hr, Lidocaine 1% 0.5ml intradermal **OR** lidocaine2.5%/prilocaine 2.5% cream prn IV start, 0.9% NaCl flush IV 10mL pre and post infusion, Heparin flush 100 units/ml 5 ml post infusion for VAD
- Treatment for occluded Central Lines: For restoration of function to central VAD as assessed by the ability to withdraw blood.** Alteplase (Cathflo Activase) 2mg per lumen. May repeat x1 after 120 minutes per occlusion incident. Provider to be notified at time of incident.

- Pre-Medication Orders: (Give 30 minutes prior to Remicade® infusion)**
- Acetaminophen 650 mg PO x 1 dose
  - Diphenhydramine \_\_\_\_\_ mg PO x 1 dose OR  Loratadine 10mg PO x 1 dose
  - Diphenhydramine \_\_\_\_\_ mg in 50 ml 0.9% NaCl IVPB over 15 minutes
  - Hydrocortisone \_\_\_\_\_ mg in 50 ml 0.9% NaCl over 20 minutes
  - Methylprednisolone \_\_\_\_\_mg in 50 ml 0.9% NaCl over 20 minutes

<p><b>Infliximab (Remicade®)</b>                  0.9% NaCl, 250 ml                  Infuse over 2 hours</p>	<p><b>Dose:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3 mg/kg/dose</li> <li><input type="checkbox"/> 5 mg/kg/dose</li> <li><input type="checkbox"/> 10 mg/kg/dose</li> <li><input type="checkbox"/> _____ mg/kg/dose</li> </ul>	<p><b>Calculated Dose:</b>                  _____mg</p> <p>Pharmacy will round dose to the nearest 100 mg. If this is greater than a 10% dose difference, the pharmacist will call the provider.</p> <p><input type="checkbox"/> Check box if it is Medically Necessary to not round the dose</p>	<p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> on _____, repeat in 2 weeks, 6 weeks, then every 8 weeks</li> <li><input type="checkbox"/> every 8 weeks</li> <li><input type="checkbox"/> every _____ weeks</li> </ul> <p><i>(Note: Order valid for 6 months from date written)</i></p>
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- Medication Order For Infusion Reactions:**
- Acetaminophen 650 mg PO x 1 dose and every 4 hours as needed for infusion related reactions
  - Diphenhydramine \_\_\_\_\_ mg IV push over 2 minutes x 1 dose
  - Hydrocortisone \_\_\_\_\_ mg IV push over 1-2 minutes x 1 dose
  - OTHER: \_\_\_\_\_

- Monitoring:**
- Discontinue Remicade® if a patient develops a serious infection.
  - Perform test for latent TB; if positive, start treatment for TB prior to starting Remicade®. Monitor all patients for active TB during treatment, even if initial latent TB test is negative.
  - Live vaccines should not be given with Remicade®.
  - Hepatitis B virus reactivation: test for HBV infection before starting Remicade®. Monitor HBV carriers during and several months after therapy. If reactivation occurs, stop Remicade® and begin anti-viral therapy
  - Invasive fungal infections – for patients who develop a systemic illness on Remicade®, consider empiric antifungal therapy for those who reside or travel to regions where mycoses are endemic

- Patient Education:**
- Report all signs and symptoms of infection prior to each infusion

Physician Name (Printed)	Physician Signature	Date/Time
RN Name (Printed)	RN Signature	Date/Time



Patient Information/Label