



**Cottage Grove Infusion**  
**1515 Village Drive**  
**Cottage Grove, OR 97424**  
**Phone 541-767-5447 Fax 541-767-5399 E-Fax 541-434-3164**

**INFLIXIMAB-DYYB (Inflectra) INFUSION (v. 05/21/2024)**

\* Hepatitis B (Hep B surface antigen and core antibody total) and tuberculosis (QuantiFERON gold or T-spot) screening must be completed and negative prior to initiation of treatment.

Diagnosis/Indication (ICD-10): \_\_\_\_\_

**Medication:**

- .. Infliximab-dyyb 3 mg/kg IV at 0, 2 and 6 weeks followed by 3 mg/kg IV every 8 weeks thereafter
- .. Infliximab-dyyb 5 mg/kg IV at 0, 2 and 6 weeks followed by 5 mg/kg IV every 8 weeks thereafter
- .. Infliximab-dyyb \_\_\_\_\_ mg/kg IV at 0, 2 and 6 weeks followed by \_\_\_\_\_ mg/kg IV every \_\_\_\_\_ weeks thereafter
- .. Infliximab-dyyb \_\_\_\_\_ mg/kg IV every \_\_\_\_\_ weeks
- .. Other \_\_\_\_\_

\* Use most recent weight and round dose to the nearest 100 mg vial.

\* Use and in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse per Oregon Network Regional Infusion Center Guidelines

**Pre-medications:**

- .. Acetaminophen 650 mg PO once 30 minutes before infusion
- .. Diphenhydramine 25 mg PO once 30 minutes before infusion
- .. Methylprednisolone (Solu-Medrol) 40 mg IV once 30 minutes before infusion

**Labs:**

- CBC with auto differential, CMP every 3 months

**Nursing communications:**

- Vital signs: Initial, post-infusion, 15 minute post-infusion and as needed  
 Patient may be discharged 15 minutes post-infusion if there is no evidence of adverse reaction and vital signs are stable
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**Access:**

- .. Insert peripheral IV
  - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
  - Initiate Central Line (Non-PICC) Maintenance Protocol
  - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
  - Initiate PICC Maintenance Protocol
  - Normal saline flush 3 mL as needed for PICC/ Hickman line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Patient name: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

DOB: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



**Riverbend Medical Center Regional Infusion Center (RIC)**  
**3377 Riverbend Drive Suite 502/510**  
**Springfield, Oregon 97477**  
**Phone 541-222-6280 Fax 541-434-7463**

**Emergency Medications: (May give emergency medications IM if IV route unavailable)**

- Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritic).
  - Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

DOB: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_