



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the to remove the pre-checked option.

INFLIXIMAB OR BIOSIMILAR MAINTENANCE INFUSION [11500956] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height _____ Weight _____

Supportive Care	Interval
<input type="checkbox"/> INFLIXIMAB IVPB Route: _____ <i>Starting when released, For 1 dose, DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.</i> Dose _____ Frequency _____	
<input type="checkbox"/> INFLIXIMAB-DYYB IVPB Route: _____ <i>Starting when released, For 1 dose, DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.</i> Dose _____ Frequency _____	
<input type="checkbox"/> INFLIXIMAB-ABDA IVPB Route: _____ <i>Starting when released, For 1 dose, DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.</i> Dose _____ Frequency _____	

Labs	Interval
<input type="checkbox"/> Complete Blood Count with Automated Differential Once <i>Starting when released</i>	
<input type="checkbox"/> Comprehensive Metabolic Panel Once <i>Starting when released</i>	
<input type="checkbox"/> Treatment Lab Instructions PRN <i>Starting when released Nursing to release the following labs: -CBC with Differential, -CMP, Provider approves to Release and Draw labs 2 days Pre & Post this Planned Treatment Date. Draw labs *** every 3 months ** or *** every 6 months *** unless patient has had lab drawn in the last 4 weeks. Provider will need to address the frequency of lab draws.</i>	

Provider Communication Orders	Interval
<input type="checkbox"/> Provider Communication PRN <i>Starting when released Ordering physician/provider has screened this patient for history of chronic infection, heart failure, seizure disorder, liver disease, tuberculosis, blood dyscrasias, hepatitis (hepatitis B surface antigen and hepatitis B core antibody), or malignancy prior to initiation of InFLIXimab (Remicade®) or biosimilar equivalent therapy.</i>	
<input type="checkbox"/> Provider Communication Once <i>Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.</i>	

Provider Signature
EHR User ID
Date
Time

Initials _____

Place Patient Label Here

Nursing Orders	Interval	
<input type="checkbox"/> Nursing Communication <i>Starting when released Infusion # 1-4: vitals prior to infusion, before each rate increase, 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion # 5-8: vitals prior to infusion, 30 minutes after initiation, at end of infusion, and 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion #9: vitals prior to infusion, at end of infusion, and 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion #10 & beyond: vitals prior to infusion and end of infusion. No observation required upon completion of infusion.</i>	Every visit	
<input type="checkbox"/> Insert peripheral IV <i>Starting when released</i>	PRN	
<input type="checkbox"/> Access & Use Central Line/CVAD <i>Starting when released Access vascular device and confirm patency.</i>	PRN	
<input type="checkbox"/> Access & Use Central Line/CVAD <i>Starting when released Access vascular device and confirm patency.</i>	PRN	
<input type="checkbox"/> sodium chloride (NS) flush 10 mL <i>Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/> Initiate Central Line (Non-PICC) Maintenance Protocol <i>Starting when released</i>	PRN	
<input type="checkbox"/> Initiate PICC Maintenance Protocol <i>Starting when released</i>	PRN	
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL <i>Other, Line Care prior to medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/> Nursing Communication <i>Starting when released Change PICC line dressing weekly and as needed.</i>	PRN	
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL <i>Other, Line Care post medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL <i>Other, Line Care prior to medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/> sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL <i>Other, Line Care post medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/> sodium chloride 0.9 % injection 10 mL <i>Other, Line Care at discharge and de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/> sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL flush 500 Units <i>Line Care, for de-access, Starting when released</i>	PRN	Route: IV

Provider Signature

EHR User ID

Date

Time

Initials

Place Patient Label Here

alteplase (CATHFLO) injection 2 mg PRN Route: Intra-Catheter

Other, Line Care, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded.

alteplase (CATHFLO) injection 2 mg PRN Route: Intra-Catheter

Other, Line care, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Pre-Medications

Interval

acetaminophen (TYLENOL) tablet 650 mg Every visit Route: Oral

Once Starting when released, For 1 dose

diphenhydrAMINE (BENADRYL) capsule 25 mg Every visit Route: Oral

Once Starting when released, For 1 dose

loratadine (CLARITIN) tablet 10 mg Every visit Route: Oral

Once Starting when released, For 1 dose

methylPREDNISolone sodium succinate (Solu-MEDROL) injection 40 mg Every visit Route: IV

Once Starting when released, For 1 dose

PRN Medications

Interval

sodium chloride (NS) flush 10 mL PRN Route: IV

10 mL As Needed IV Line Care, Starting when released

sodium chloride 0.9 % bolus 500 mL PRN Route: IV

500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)

Emergency Medications

Interval

diphenhydrAMINE (BENADRYL) injection 25-50 mg PRN Route: IV

25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25mg IV dose for a total of 50 mg, and notify provider

albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation

2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider, Starting when released, Administer with a spacer if available.

methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg PRN Route: IV

125 mg Once As Needed IV For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose

EPINEPHrine (ADRENALIN) injection 0.5 mg PRN Route: Intramuscular

0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (≥ 40 points in SBP), shortness of breath with wheezing and O2Sat $<90\%$), and notify provider, For 1 dose

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Initials

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