



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 BIOSIMILARS - INITIATION DOSES (0, 2, & 6 WEEKS) [11500955] 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"/> Comprehensive Metabolic Panel <i>Starting when released</i>	Once
<input type="checkbox"/> Complete Blood Count with Automated Differential <i>Starting when released</i>	Once
<input type="checkbox"/> Treatment Lab Instructions <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 frequency of lab draws.</i>	PRN

Provider Communication Orders	Interval
<input type="checkbox"/> Provider Communication <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>	Once
<input type="checkbox"/> Physician Communication <i>Starting when released Order one CBC with Differential and CMP prior to patient beginning treatment.</i>	Once
<input type="checkbox"/> Physician Communication <i>Starting when released Provide patient with FDA approved InFLIXimab (Remicade) or biosimilar equivalent medication guide.</i>	Once

Provider Signature _____ EHR User ID _____ Date _____ Time _____

Initials _____

Place Patient Label Here

- Physician Communication Once
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.

Nursing Orders

- Nursing Communication Once
Starting when released Prior to starting infliximab therapy ensure patient has had a recent PPD. If positive PPD and patient has not received isoniazid therapy, consult with physician regarding initiation of isoniazid therapy.

- Nursing Communication Every visit
Starting when released Assess patients' vital signs prior to the infliximab infusion, before each rate increase, and 30 minutes following the infusion. Observe patient 30 minutes after completion of infusion.

- Insert peripheral IV PRN
Starting when released

- Access & Use Central Line/CVAD PRN
Starting when released Access vascular device and confirm patency.

- Access & Use Central Line/CVAD PRN
Starting when released Access vascular device and confirm patency.

- sodium chloride (NS) flush 10 mL PRN Route: IV
Line Care, Starting when released

- Initiate Central Line (Non-PICC) Maintenance Protocol PRN
Starting when released

- Initiate PICC Maintenance Protocol PRN
Starting when released

- sodium chloride 0.9 % injection 10 mL PRN Route: IV
Other, Line Care prior to medication administration, Starting when released

- Nursing Communication PRN
Starting when released Change PICC line dressing weekly and as needed.

- sodium chloride 0.9 % injection 10 mL PRN Route: IV
Other, Line Care post medication administration, Starting when released

- sodium chloride 0.9 % injection 10 mL PRN Route: IV
Other, Line Care prior to medication administration, Starting when released

- sodium chloride 0.9 % injection 20 mL PRN Route: IV
Other, Line Care post lab draw, Starting when released

- sodium chloride 0.9 % injection 10 mL PRN Route: IV
Other, Line Care post medication administration, Starting when released

- sodium chloride 0.9 % injection 10 mL PRN Route: IV
Other, Line Care at discharge and de-access, Starting when released

- sodium chloride 0.9 % injection 20 mL PRN Route: IV
Other, Line Care post lab draw, Starting when released

Provider Signature	EHR User ID	Date	Time
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Initials

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<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
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>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.</i>	PRN	Route: Intra-Catheter
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>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</i>	PRN	Route: Intra-Catheter
Pre-Medications		Interval	
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet 650 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: Oral
<input type="checkbox"/>	loratadine (CLARITIN) tablet 10 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: Oral
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) capsule 25 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: Oral
<input type="checkbox"/>	methylPREDNISolone sodium succinate (Solu-MEDROL) injection 40 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: IV
PRN Medications		Interval	
<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>10 mL As Needed IV Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % bolus 500 mL <i>500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)</i>	PRN	Route: IV
Emergency Medications		Interval	
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 25-50 mg <i>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</i>	PRN	Route: IV
<input type="checkbox"/>	albuterol 90 mcg/actuation inhaler 2 puff <i>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.</i>	PRN	Route: Inhalation
<input type="checkbox"/>	methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg <i>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</i>	PRN	Route: IV

Provider Signature

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Date

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Initials

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EHR1926-DT (02/14/2024)

INFLIXIMAB OR BIOSIMILARS - INITIATION DOSES (0, 2, & 6 WEEKS)

Prog & Orders

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 (\geq 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and notify provider, For 1 dose

Provider Signature

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INFLIXIMAB OR BIOSIMILARS - INITIATION DOSES (0, 2, & 6 WEEKS)

Prog & Orders