



**Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714**  
**Ph 330-363-1410 Fax 330-363-2380**

**Infusion Order – Infliximab**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight \_\_\_\_\_ Kg

**Treatment regimen**

- Please check each of the following pre-medications that apply:

- Acetaminophen \_\_\_\_\_ mg po
- Diphenhydramine \_\_\_\_\_ mg po
- Diphenhydramine \_\_\_\_\_ mg IV push
- Methylprednisolone \_\_\_\_\_ mg IV push
- Other \_\_\_\_\_

- Infliximab \_\_\_\_\_ mg/Kg (*usual dose 3 -10 mg/Kg*) x \_\_\_\_\_ Kg = \_\_\_\_\_ mg in 250 mL 0.9% NaCl IVPB over a minimum of 2 hours

- Dispense the following infliximab product:  Avsola  Inflectra  Renflexis  Remicade

- Flush IV line with 30-50mL 0.9% NaCl following completion of infliximab infusion

- Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required

- Please check one of the following frequencies

- Administer on weeks 0, 2 and 6 then every 8 weeks thereafter
- Administer every 4 weeks
- Administer every 6 weeks
- Administer every 8 weeks
- Other \_\_\_\_\_

- Dose rounded to the nearest full 100 mg vial - \_\_\_\_\_ mg

- Observe patient for at least 30 minutes following the completion of the first infusion for possible infusion-related reactions

Duration of Order: 1 year (unless otherwise specified: \_\_\_\_\_)

**Rescue medications to be given for anaphylactic reactions (patients >40kg):**

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL** IV x 1 at 250mL/hour

Additional orders \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_