

PHYSICIAN ORDER SET :

INFLIXIMAB LOAD AND MAINTENANCE EVERY 8 WEEKS

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Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis/Indication for use of Infliximab: (Please circle): ICD-10 Code: _____

Rheumatoid arthritis Psoriatic arthritis Ankylosing spondylitis Plaque psoriasis Ulcerative colitis

Non-fistulizing Crohn's disease Fistulizing Crohn's disease Other: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Criteria to Treat

	Interval	Defer Until	Duration
☐ Criteria to Treat Verify that the patient has: 1) a negative hepatitis B screen or is hepatitis B immune 2) a negative TB status or adequate TB treatment 3) not received a live vaccine with the last 4 weeks. If any of these criteria are not met, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact the provider.	Every visit		Every Visit

Pre-Medications

	Interval	Defer Until	Duration
☐ acetaminophen (TYLENOL) tablet 650 mg 650 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication.	Every visit		Every Visit
☐ diphenhydramine (BENADRYL) 12.5 mg/5 mL elixir 25 mg 25 mg, Oral, Once, Starting at treatment start time, For 1 dose. HOLD IF: Given IV. Administer at least 30 mins prior to principal medication.	Every visit		Every Visit
☐ diphenhydramine (BENADRYL) injection 25 mg 25 mg, Intravenous, Once as needed, Patient unable to tolerate PO, Starting when released, For 1 dose. HOLD IF: Given PO. Administer at least 30 mins prior to principal medication.	Every visit		Every Visit
☐ famotidine (PEPCID) tablet 20 mg 20 mg, Oral, Once, Starting at treatment start time, For 1 dose. HOLD IF: Given IV Administer at least 20 mins prior to principal medication.	Every visit		Every Visit

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☐	famotidine (PEPCID) 20 mg in sodium chloride 0.9% 100 mL IVPB 20 mg, Intravenous, Administer over 15 Minutes, at 400 mL/hr, Once as needed, Patient unable to tolerate PO. Starting at treatment start time, For 1 dose. HOLD IF: Given PO. Administer at least 30 mins prior to principal medication.	Every visit	Every Visit
☐	loratadine (CLARITIN) tablet 10 mg 10 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication.	Every visit	Every Visit
☐	methyIPREDNISolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication.	Every visit	Every Visit

Medications

		Interval	Defer Until	Duration
☐	Provider Communication Routine, Until discontinued, Starting when released, Until Specified. Infliximab or Biosimilar is selected based on the patient's insurance.	Every Visit		Every Visit
☐	infliximab-dyyb (INFLECTRA) in sodium chloride 0.9% 250 mL infusion Intravenous, Once, Starting 30 Minutes after treatment start time, For 1 dose WEEKS 0 & 2 Use an in-line, sterile, no-pyrogenic, low protein-binding filter of 1.2 micron or LESS DOSE: (Circle one) 3mg/kg 5mg/kg 7.5 mg/kg 10 mg/kg	Every 2 Weeks		2 treatments
☐	infliximab-dyyb (INFLECTRA) in sodium chloride 0.9% 250 mL infusion Intravenous, Once, Starting 30 Minutes after treatment start time, For 1 dose WEEK 6 Use an in-line, sterile, no-pyrogenic, low protein-binding filter of 1.2 micron or LESS DOSE: (Circle one) 3mg/kg 5mg/kg 7.5 mg/kg 10 mg/kg	Every 6 Weeks		1 treatment
☐	infliximab-dyyb (INFLECTRA) in sodium chloride 0.9% 250 mL infusion Intravenous, Once, Starting 30 Minutes after treatment start time, For 1 dose MAINTENANCE DOSE Use an in-line, sterile, no-pyrogenic, low protein-binding filter of 1.2 micron or LESS DOSE: (Circle one) 3mg/kg 5mg/kg 7.5 mg/kg 10 mg/kg	Every 8 Weeks		Until discont'd

Labs

		Interval	Defer Until	Duration
☐	T spot TB test Routine, Once, Starting when released. Draw once a year	Every 52 weeks		Until discont'd
☐	Basic metabolic panel Routine, Once, Starting when released Draw on Week 6.	Once		Until discont'd



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☐ Comprehensive metabolic panel Routine, Once, Starting when released Draw on Week 6.	Once	Until discontinuation
☐ CBC and differential Routine, Once, Starting when released Draw on Week 6.	Once	Until discontinuation
☐ C-Reactive Protein Routine, Once, Starting when released Draw on Week 6.	Once	Until discontinuation
☐ Sedimentation rate (ESR) Routine, Once, Starting when released Draw on Week 6.	Once	Until discontinuation
☐ LFTs (hepatic panel) Routine, Once, Starting when released Draw on Week 6.	Once	Until discontinuation
☐ Infliximab/infliximab antibody Routine, Once, Starting when released Maintenance lab	Once	Until discontinuation
☐ Basic metabolic panel Routine, Once, Starting when released Maintenance Lab.	Every 8 Weeks	Until discontinuation
☐ Comprehensive metabolic panel Routine, Once, Starting when released Maintenance Lab	Every 8 Weeks	Until discontinuation
☐ CBC and differential Routine, Once, Starting when released Maintenance Lab	Every 8 Weeks	Until discontinuation
☐ C-Reactive Protein Routine, Once, Starting when released Maintenance Lab	Every 8 Weeks	Until discontinuation
☐ Sedimentation rate (ESR) Routine, Once, Starting when released Maintenance Lab	Every 8 Weeks	Until discontinuation
☐ LFTs (hepatic panel) Routine, Once, Starting when released Maintenance Lab	Every 8 Weeks	Until discontinuation

Catheter Management

	Interval	Defer Until	Duration
☐ Line Access Routine, As needed, Starting when released, Until Specified. As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device to provide treatment.	PRN		PRN

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☐	alteplace (CATHFLO) 1mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patients greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN	PRN
☐	lidocaine-prilocaine (EMLA) cream Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN	PRN
☐	heparin (PF) 100 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	heparin (PF) 10 unit/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	heparin (PF) 10 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	heparin (PF) 1000 unit/mL catheter injection 2 mL 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN	PRN
☐	sodium chloride (NS) 0.9% syringe flush 3 mL 3 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
☐	sodium chloride (NS) 0.9% syringe flush 10 mL 10 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
☐	sodium chloride (NS) 0.9% syringe flush 20 mL 20 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
☐	sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released	PRN	PRN
☐	D5W infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN	PRN

Emergency Medications/Anaphylaxis

	Interval	Defer Until	Duration
☐	PRN		PRN
Provider and Nurse Communication Routine, Once, Starting when released. Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.			
☐	PRN		PRN
EPINEPHrine (ADRENALIN) injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL			
☐	PRN		PRN
sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose			

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☐ **Oxygen Therapy – Non-Rebreather**

PRN

PRN

Routine

Select a Mode of Therapy: Non-Rebreather

Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes

Min SpO2 (%): 94

Hypersensitivity

	Interval	Defer Until	Duration
☐ Provider and Nurse Communication Routine, Until discontinued, Starting when released. Until Specified. Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discontin'td
☐ albuterol 2.5mg/3 mL (0.83%) nebulizer solution 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		Until discontin'td
☐ acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		Until discontin'td
☐ diphenhydramine (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, hives. Begin with 25 mg. If patient has continued reaction, administer 25 mg, Starting when released, For 1 dose	PRN		Until discontin'td
☐ famotidine (PEPCID) injection 20 mg in sodium chloride 0.9% 100 mL IVPB 20 mg, Intravenous, Administer over 15 Minutes, at 400 mL/hr, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction. HOLD IF: given as premed, Starting when released, For 1 dose.	PRN		Until discontin'td
☐ cetirizine (Zyrtec) tablet 10 mg 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. HOLD IF: given fexofenadine	PRN		Until discontin'td
☐ fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. HOLD IF: given cetirizine	PRN		Until discontin'td
☐ methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose	PRN		Until discontin'td
☐ ondansetron (PF) (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN		Until discontin'td
☐ meperidine (PF) (DEMEROL) 50 mg/mL injections syringe 25 mg 25 mg, Intravenous, Once as needed, rigors, Starting when released, For 1 dose Maximum MME/Day: Unknown for this order	PRN		Until discontin'td