INFIRMARY/EOU INFLIXIMAB (REMICADE®) ADMINISTRATION ORDERS

Date: ____________  Time: ____________  Facility: ________________

ALLERGIES: _______________________________________________________

Weight: ________ kg  Diagnosis: _______________________________________

Contraindications: □ Acute infectious illness  □ CHF  □ Past treated TB  □ Positive PPD

☑ Vitals: Obtain baseline then after EACH infusion rate increase (document on DOC 13-010 Infirmary/Extended Observation Unit TPR Graphic Chart)

☑ LFTs (if not current)

☑ Start IV

☐ Premedicate 90 minutes prior to infusion:

☐ Acetaminophen 325 mg  ☐ 650 mg by mouth

☐ Benadryl 25 mg  ☐ 50 mg by mouth

☐ Benadryl IV 25 mg  ☐ 50 mg

☑ Infliximab: __________ mg per kg of weight for total dose of __________ mg by IV infusion over a minimum of 2 hours (follow Nursing Instructions/Check List on back)

PRN for Hypersensitivity or Infusion Reactions

MILD: Hyperemia, palpitations, diaphoresis, headache, dizziness, nausea

☑ Decrease infusion rate to 10 mL per hour

☑ Normal saline infusion at 500 mL per hour while monitoring symptoms

☑ Notify prescriber. On specific order give:

☑ Acetaminophen 650 mg, once by mouth

☑ Diphenhydramine 25 mg, once per IV

☑ Monitor and record vital signs every 10 minutes until stable

☑ If stable after 20 minutes, increase infusion rate to 20 mL per hour for 15 minutes THEN 40 mL per hour for 15 minutes THEN complete infusion at 80 mL per hour

☑ Continue monitoring vital signs every 10 minutes throughout rate increases until the maximum infusion rate is reached

☑ If vitals unstable after 20 minutes or a reaction recurs, STOP infusion and notify prescriber

MODERATE: Sever hyperemia, 20 mmHg change in systolic blood pressure (increase or decrease), severe palpitations, mild chest discomfort, mild shortness of breath, fever, urticaria

☑ STOP infusion immediately

☑ Administer normal saline infusion at 500 mL per hour while monitoring symptoms

☑ Notify prescriber. On specific order give:

☑ Acetaminophen 650 mg, once by mouth

☑ Diphenhydramine 25 mg, once per IV

☑ Monitor and record vital signs every 5 minutes until stable

☑ If stable after 20 minutes, call prescriber

☑ On order, resume the infusion at 10 mL per hour for 15 minutes THEN infusion rate to 20 mL per hour for 15 minutes THEN complete infusion at 80 mL per hour

☑ Continue monitoring vital signs every 5 minutes throughout the rate increases until the maximum infusion rate is reached

☑ If vitals unstable after 20 minutes or reaction continues, notify prescriber

SEVERE: 40 mmHg change in systolic blood pressure (increase or decrease), severe palpitations, chest discomfort, shortness of breath, fever with rigors, stridor, urticarial rash

☑ STOP infusion immediately

☑ Apply oxygen at 4 to 6 liters per minute by nasal cannula or mask

☑ Notify prescriber immediately. On specific order give:

☑ Diphenhydramine 25 mg IV push, one time

☑ Methylprednisolone 125 mg IV push, one time

☑ Monitor and record vital signs every 5 minutes until stable

Practitioner Signature and Stamp
INFIRMARY/EOU INFILIXIMAB (REMYCADE®) ADMINISTRATION ORDERS

Date: ______________ Time: ______________ Facility: __________________________

NURSING INSTRUCTIONS CHECK LIST
Check off each instruction when complete

*** MAKE SURE RED BAG IS AVAILABLE ***

- Pharmacy reconstitutes drug: Dosage and concentration of mixed drug was checked by pharmacy technician and verified by pharmacist AND nurse hanging the bag
- Nurse reconstitutes drug
  - Reconstitute each 100 mg vial of drug with 10 mL of sterile water for injection using a syringe and a 21 gauge (or larger) needle
  - Insert needle into the vial and direct the stream of sterile water to the glass wall
  - Gently swirl the solution by rotating the vial to dissolve the lyophilized powder. Avoid prolonged or vigorous agitation. DO NOT SHAKE.
  - Allow the reconstituted solution to stand for 5 minutes. Solution should be colorless to light yellow and opalescent (a few translucent particles may develop)
  - Do not use if opaque particles, discoloration or other foreign particles are present
  - Dosage and concentration of mixed drug must be checked by two nurses
  - Solution must be administered within 3 hours of reconstitution
- Dilute the reconstituted solution to 250 mL with NS as follows:
  - Withdraw 10 mL of NS from a 250 mL NS bag
  - Slowly add the total volume of previously reconstituted infliximab solution to the bag
  - Gently mix
  - Verify the infusion concentration is 0.4 mg/mL to 4 mg/mL
  - Solution must be administered within 3 hours of reconstitution
- Set up infusion
  - Use in-line, sterile, non-pyrogenic, low protein binding filter with ≤ 1.2 micron pore size
  - Use non-PVC tubing such as Nitroglycerine tubing with a polyethylene-lined filter
- Infuse
  - Do not infuse with any other medication
  - Flush line with 15mL NS before and after medication administration
  - Start infusion at 10mL/hour for the first 15 minutes
    - Increase infusion rate to 20 mL/hour for the next 15 minutes
    - Increase infusion rate to 40 mL/hour for the next 15 minutes
    - Increase infusion rate to 80 mL/hour for the next 15 minutes
    - Increase infusion rate to 150 mL/hour for the next 15 minutes
    - Increase infusion rate to 250 mL/hour for the last 30 minutes OR until the infusion is complete
  - Infuse over at least 2 hours
- Monitor during medication administration
  - Monitor and record vital signs and medication tolerance after EVERY rate increase
  - Monitor and record the presence or absence of any signs or symptoms of infusion related reactions:
    - dyspnea, rash, pruritus, fever, chills, difficulty swallowing, chest pain, hypotension, hypertension, anaphylaxis (which can be life threatening)
  - Discontinue peripheral access after 30 minutes of post infusion observation
  - Observe for 30 minutes post infusion with a final set of recorded vital signs before discharge back to housing assignment
- PRN for hypersensitivity or infusion reaction required
  - Mild
  - Moderate
  - Severe
- Orders noted and completed

Nurse Signature and Stamp ____________________________ Date ______________ Time ______________