

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

Infliximab Infusion Orders

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Date: _____ Time: _____

1. Diagnosis _____

2. Dosage:

Infliximab _____mg in 250 mL Normal Saline IV at week _____ week _____ & week _____

Infliximab _____mg in 250 mL Normal Saline IV every _____ weeks

3. Duration: 52 weeks or _____ weeks

4. Pretreatment Orders: no pre-medications required pre-medications as below

Diphenhydramine _____ mg _____ 15 – 30 minutes prior to infusion

Acetaminophen _____ mg PO 15 – 30 minutes prior to infusion

Hydrocortisone _____ mg IV 15 – 30 minutes prior to infusion

Dimenhydrinate _____ mg _____ 15 – 30 minutes prior to infusion

Desloratadine (Aerius) 10 mg PO 2 - 3 days prior to infusion, day of infusion, & 2 - 3 days post (patient to use own medication)

Other: _____

5. Infusion Rate: (infuse Infliximab over 2 hours or longer as necessary):

Infuse at 20 mL/hr X 15 minutes

Infuse at 40 mL/hr X 15 minutes

Infuse at 80 mL/hr X 15 minutes

then

Infuse at 150 mL/hr X 45 minutes

Or Infuse at _____ mL/hr for remainder of infusion

Infuse at 200 mL/hr X 31 minutes

6. Vital signs to be done prior to infusion, then every 30 minutes during the infusion & post infusion for 30 to 60 minutes as indicated.

Patient to be assessed for 60 minutes after the 1st infusion and any subsequent infusions if infusion reactions have occurred. Otherwise the patient may leave 30 minutes post infusion.

7. Infusion Reactions:

Assess patient for infusion reactions every 30 minutes (or more frequently as indicated) during & post infusion.

Treat reactions as per Infliximab Infusion Reaction Protocol.

Physician Signature

Printed Name/PIC

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Infliximab Infusion Reaction Protocol

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Date: _____ Time: _____

Acute Reactions: Adverse Reaction occurring during or within 1 – 2 hours of an infusion.

Mild: (no respiratory or vascular instability)

1. Slow infusion to 10 mL/hr or stop infusion & set primary N/S to 50 mL/hr
2. May give: diphenhydramine 25 – 50 mg PO/ IV
dimenhydrinate 25 – 50 mg PO/IV
acetaminophen 650 mg PO
3. Monitor vital signs q 15 minutes until within normal limits (WNL)
4. If symptoms resolve, restart infusion at ½ previous rate, then slowly increase rate by 20 mL/h every 15 minutes as tolerated.

Moderate Reaction: (with vascular instability, ≥ 20 but ≤ 40 points SBP change)

1. Stop infusion & set primary N/S to 50 mL/h
2. Position patient either upright or supine according to symptoms
3. May give: diphenhydramine 25 – 50 mg IV
hydrocortisone 100 mg IV
dimenhydrinate 25 mg IV
acetaminophen 650 mg PO
4. If O2 Sat less than 94%, administer O2 3L/min by nasal prongs or 5 to 8 L/min per mask PRN
5. May give Salbutamol 2.5 – 5 mg via nebulizer q 15 minutes prn
6. Monitor vital signs q 5 minutes until within normal limits
7. Wait 20 minutes. If symptoms have resolved and vital signs remain within normal limits:
Restart infusion at 20 mL/hr X 15 minutes
Then increase infusion rate to:
40 mL/hr X 15 minutes
80 mL/hr X 15 minutes
125 mL/hr through completion as tolerated

Severe Reaction: (vascular instability, ≥ 40 point SBP change, rigors, anaphylaxis)

1. Stop infusion
2. Summon medical aid
3. Place patient in reclined position
4. Give diphenhydramine 25 – 50 mg IV
hydrocortisone 100 – 200 mg IV
5. If anaphylaxis suspected give epinephrine 1:1000 SC (IM in severe cases) 0.01 mL/kg (max 0.5 mL).
May repeat q 20 minutes X 2 (q 10 – 15 minutes) in severe cases.
Inject in opposite limb to that of the Infliximab infusion.
6. Infuse NS at 250 – 500 mL/hr
7. Maintain airway, give O2 per mask at 8 – 10 L/min
8. Monitor vital signs q 2 - 5 minutes until within normal limits
9. Ensure monitoring of patient continues for a minimum of 2 to 4 hours or longer as necessary

Delayed Reactions (any adverse reactions occurring 2 – 14 days after infusion)

1. Instruct patient to take Aeries/Claritin once a day X 3 days, then 3 days prior to next infusion
2. Instruct patient to take Acetaminophen 650mg PO qid prn for headache

Physician Signature

Printed Name/PIC