



Oregon Medical Group
Infusion Center
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Remicade (Infliximab) Infusion Order

Name: _____

DOB: _____

Diagnosis: _____

ICD-10 Code: _____

1. Peripheral IV site with saline lock
2. Vital signs: Initial, q 15-30 minutes, PRN
3. Pre-Medications
 - Loratadine (Claritin) 10 mg PO
 - With each infusion PRN
 - Cetirizine (Zyrtec) 10 mg PO
 - With each infusion PRN
 - Diphenhydramine (Benadryl) 25 mg PO/IV
 - With each infusion PRN
 - Acetaminophen (Tylenol) 650 mg PO
 - With each infusion PRN
 - Solu-Medrol 40 mg IV prior to Infusion
 - With each infusion PRN
 - Zantac 150 mg PO
 - With each infusion PRN
4. Infusion Dose: (mix in 250 ml NS)
 - Infliximab (Remicade) 3 mg/kg q ____ wks
 - Infliximab (Remicade) 5 mg/kg q ____ wks
 - Infliximab (Remicade) ____ mg/kg q ____ wks
5. Dose Rounding Instructions:
 - If calculated dose is an increment greater than or equal to 50 mg, round up to nearest 100 mg, otherwise round down.
 - If calculated dose is an increment greater than or equal to 30 mg, round up to nearest 100 mg, otherwise round down.
 - If calculated dose is an increment greater than or equal to ____ mg, round up to nearest 100 mg, otherwise round down.
 - Use exact dose as calculated. Do not round
6. For Infusion/ Allergic Reaction: (itching, hives, low back pain, joint pain or bone pain)
 - Slow or STOP infliximab infusion
 - Diphenhydramine (Benadryl) 25 mg in 9 ml saline slow IV push. May repeat x1 if no pre-medications.
 - Vital signs every 15-30 minutes PRN.
 - If reaction continues: Solu-Medrol 40 mg IV push now and repeat before every Infliximab infusion thereafter. Notify MD.
 - If reaction resolves: resume infusion from beginning of ramping protocol.
 - If reaction worsens: Discontinue infusion but maintain IV site until vital signs and condition become stable; notify MD

7. Anaphylaxis: (wheezing/dyspnea, hypotension, angioedema, chest pain, tongue swelling)
 - Epinephrine (EpiPen) 0.3 mg SQ or IM, Notify MD. May repeat epinephrine in 5-10 minutes if no response.

Ramping Guidelines:

Infusion Rate (per hour)	Amount to be infused (over 15 minutes)
10 mL	3 mL
20 mL	5 mL
40 mL	10 mL
80 mL	20 mL
150 mL	75 mL
250 mL	125 mL

Provider signature: _____

Provider's printed name: _____

Date: _____