### Remicade Infusion

**Physician's Order Sheet**

**For Outpatients, Once Completed, Fax Order**

Sheet to Infusion Treatment Center (202) 555 - 1212

### Allergy

**Date:**

**Time:** (Military Time)

**Dx:**

**Weight:** ________ lbs ________ kg

**Vital Signs on Arrival:**

**Lab Work:** CBC, CMP2, C-Reactive Protein, UA

**Monitor Vital Signs q. 30 min during infusion. Watch for hypersensitivity reactions.**

**Pre-hydrate with D 5 ½ NS @ 150 ml / hr x 1 hour. (Use 1.2 micron in-line non-protein binding filter -or- 0.22 micron high pressure filter).**

**Tylenol 650 mg PO 1 hour before infusion**

**Benadryl 25 mg PO 30 minutes before infusion**

**Remicade __________ mg in 250 ml NS**

**Initiate therapy at 10 mL/hr x 15 minutes (Total volume = 2.5 mL)**

**Increase to 20 mL/Hr x 15 minutes (Total volume = 5 mL)**

**Increase to 40 mL/Hr x 15 minutes (Total volume = 10 mL)**

**Increase to 80 mL/Hr x 15 minutes (Total volume = 20 mL)**

**Increase to 150 mL/Hr x 30 minutes (Total volume = 75 mL)**

**Increase to 250 mL/Hr x 30 minutes (Total volume = 150 mL)**

**Post-hydrate with D 5 ½ NS @ 150 ml/hr x 1 hour.**

**Documentation of negative PPD**

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**Rheumatoid Arthritis:** The recommended dose of Remicade is 3 mg/kg given IV followed with additional 3 mg/kg doses at 2 and 6 weeks after the first infusion; then q 8 weeks thereafter. Remicade should be given in combination with methotrexate.

**Crohn's Disease:** The recommended dose of Remicade is 5 mg/kg given as a single intravenous infusion for treatment of moderately to severely active Crohn's Disease. In patients with fistulizing disease, an initial 5 mg/kg dose should be followed with additional 5 mg/kg doses at 2 and 6 weeks after the first infusion.

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**FAXED BY/Time:**

**TIME NOTED:**

**Doctor's Signature ____________________________, MD Date __________**

**Nurse's Signature / Title _________________________**

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**Use Ball Point Pen Only - Press Firmly**

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**Part of the Medical Record**

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**Remicade Infusion Physician Order_ONCOLOGY_MEDICAL AFFAIRS**
WEIGHT: __________________________________________ lbs __________________________________________ kg

VITAL SIGNS on Arrival: __________________________

LAB WORK: ( CBC, CMP, SGOT, C- Reactive Protein, UA )

Monitor vital signs q 30 minutes during infusion & document on Comprehensive Care Sheet. Watch for hypersensitivity reactions.


Pre-hydrate with D 5 ½ NS @ 150 ml/hr x 1 hour. ( Use 1.2 micron in-line non protein binding filter -or- 0.22 micron high pressure filter ). TIME: ____________________________

Tylenol 650 mg PO 1 hour before infusion. TIME GIVEN: ____________________________ Benadryl 25 mg PO 30 minutes before infusion. TIME GIVEN: ____________________________

Remicade ____________________________ mg in 250 ml NS.

1 Initiate therapy at 10 mL/hr x 15 minutes; ( Total volume = 2.5 mL ) ____________________________
2 Increase to 20 mL/Hr x 15 minutes; ( Total volume = 5 mL ) ____________________________
3 Increase to 40 mL/Hr x 15 minutes; ( Total volume = 10 mL ) ____________________________
4 Increase to 80 mL/Hr x 15 minutes; ( Total volume = 20 mL ) ____________________________
5 Increase to 150 mL/Hr x 30 minutes; ( Total volume = 75 mL ) ____________________________
6 Increase to 250 mL/Hr x 30 minutes; ( Total volume = 125 mL ) ____________________________
7 Post-hydrate with D5½ NS @ 150ml/Hr x 1 hour ____________________________

In the event of a "MILD" -to- "MODERATE" Infusion Reaction:

STOP -or- SLOW Infusion.
Give Benadryl ( diphenhydramine HCl ) and Acetaminophen, or prednisone or equivalent IV corticosteroid

Reaction Resolved
Resume Infusion at 10mL/hr and follow the Recommended Infusion Rate Schedule
Reaction Unresolved
Stop Infusion and Administer Appropriate Treatment

NURSE'S INITIALS: ____________________________

In the event of a "MILD" -to- "MODERATE" Infusion Reaction:

STOP -or- SLOW Infusion.
Give Benadryl ( diphenhydramine HCl ) and Acetaminophen, or prednisone or equivalent IV corticosteroid

Reaction Resolved
Resume Infusion at 10mL/hr and follow the Recommended Infusion Rate Schedule
Reaction Unresolved
Stop Infusion and Administer Appropriate Treatment

NURSE'S INITIALS: ____________________________

RHEUMATOID ARTHRITIS: The recommended dose of Remicade is 3 mg/kg given IV followed with additional 3 mg/kg doses at 2 and 6 weeks after the first infusion; then q 8 weeks thereafter. Remicade should be given in combination with methotrexate.

CROHN'S DISEASE: The recommended dose of Remicade is 5 mg/kg given as a single intravenous infusion for treatment of moderately to severely active Crohn's Disease. In patients with fistulizing disease, an initial 5 mg/kg dose should be followed with additional 5 mg/kg doses at 2 and 6 weeks after the first infusion.

NURSE'S NOTES: ____________________________

NURSE'S Signature / Title: ____________________________ DATE: ____________________________