NuFACTOR Specialty Pharmacy

Infliximab Orders
(Intravenous)

Fax all pages of this referral to our secure fax at (855) 270-7347.

Patient Information

Date:	Requested Start of Care Date:	State of pt's residence:	
Patient name:	Date of birth :	Height:	Weight: lb / kg
Primary Diagnosis:			ICD-10:
Secondary Diagnosis:			ICD-10:
IV Access: ◯Peripheral ◯Port ◯Central Indwelling			
Allergies:			

Clinical History (complete upon initial referral only)

Infliximab hx: ◯Never received previously ◯Transfer; on therapy since _____

Tuberculosis: ◯Transfer infliximab patient; TB test performed before start of therapy in the past and result negative.
TB test date: _____ TB test result: ☐negative ☐positive ☐On anti-TB therapy / start date: _____

CHF: ◯Not present ◯Past history ◯Present NYHA Functional Class ☐ I ☐ II ☐ III ☐ IV

Hepatitis B virus: ◯Not present ◯Past history (describe below)
HBV test date: _____ HBV test result: ☐ negative ☐ positive

Hepatic disease: ◯Not present ◯Past history (describe below) ◯Current (describe below)

Neutropenia: ◯Not present ◯Past history (describe below) ◯Current (describe below)

Anemia: ◯Not present ◯Past history (describe below) ◯Current (describe below)

Thrombocytopenia: ◯Not present ◯Past history (describe below) ◯Current (describe below)

Clinical history notes & pertinent baseline labs:

Infliximab Orders (doses will be rounded to the nearest 100 mg vial or nearest 10mg for doses <101 mg)

Brand: ◯**Inflectra®** ◯**Remicade®** ◯**Renflexis®** | **Infliximab _____ mg** | **OR** | **Infliximab _____ mg/kg**

◯ Administer dose at 0, 2 & 6 weeks and then every 8 weeks
◯ Administer dose at 0, 2 & 6 weeks and then every 6 weeks (usual ankylosing spondylitis regimen)
◯ Maintenance only: every 8 weeks
◯ Maintenance only: every 6 weeks (usual ankylosing spondylitis regimen)
◯ Other: _____
+/- ____ days for scheduling flexibility

Infuse intravenously over at least 2 hours as tolerated by patient unless otherwise specified:

Refill _____ doses (12 month maximum – Unless noted, all prescriptions will be valid 1 year from date signed.)

Premedication Orders / Other Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	Dose	Route / Frequency	Decline
Adult & Pediatric ≥12 years (if not at least 95 lb., follow <12 years dosing)	Acetaminophen	325 mg tab or 160 mg/5 ml oral 120 ml	325 - 650 mg	Orally pre-infliximab prn. May repeat q 4 - 6 hr prn. Max 3 gm/day.	Decline ☐
Pediatric 0 - 11 years		160 mg/5 ml oral 120 ml	10 mg/kg (round to nearest 1/4 tsp)	Orally pre-infliximab prn. May repeat q 4 - 6 hr prn. Max 50 mg/kg/day.	
Adult	Diphenhydramine	25 mg tab or 12.5 mg/5 ml oral 120 ml	25 - 50 mg	Orally pre- infliximab prn. May repeat q 4 - 6 hr prn.	Decline ☐
Pediatric ≥ 12 years			25 mg		
Pediatric 6 - 11 years		12.5 mg/5 ml oral 120 ml	12.5 - 25 mg		
Pediatric 2 - 5 years		12.5 mg/5 ml oral 120 ml	6.25 mg		
Adult & Pediatric ≥6 years	Loratadine (if excessive drowsiness from diphenhydramine)	10 mg tab or 5 mg/5 ml oral 120 ml	10 mg	Orally pre- infliximab prn. No repeat.	Decline ☐
Pediatric 2 – 5 years		5 mg/5 ml oral 120 ml	5 mg		

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Patient Name:	State of pt's residence:

Premedication Orders / Other Orders (continued)

All	Sterile Water for Injection	10 ml or 20 ml vial	n/a	Use as directed to reconstitute infliximab.	
All	Sodium Chloride 0.9%	250 ml or 500 ml bag (make final concentration 0.4 – 4 mg/ml)	n/a	Use as directed to dilute & administer infliximab.	
Adult/Pedi > 15 kg	Sodium Chloride 0.9%	10 ml syringe	1 – 3 ml (for flush)	Peripheral line pre/post use & may use as directed to reconstitute infliximab.	
Adult/Pedi > 15 kg	Heparin	10 units/ml 5 ml syringe	1 - 3 ml	Peripheral line post last NS.	
All	Lidocaine/prilocaine 2.5%/2.5% cream	30 gm tube (or other available size)	n/a	Apply topically 60 minutes prior to needle insertion prn discomfort.	Decline ☐

Other Orders:

Anaphylaxis Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	*Reaction Severity	Dose	Route/Frequency
Adult	Diphenhydramine	25 mg tab #24 or 12.5 mg/5 ml oral 120 ml	Mild or Severe	50 mg	Orally every 6 hr.
Pediatric		12.5 mg/5 ml oral 120 ml		1.25 mg/kg (max 50 mg)	
Adult & Pediatric >66 lbs	Epinephrine	0.3 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2	Severe	0.3 mg	IM (auto-injector) or SubQ (vial/amp) x 1 dose. May repeat in 5 – 15 minutes.
Pediatric 33 - 66 lbs		0.15 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2		0.15 mg	
Pediatric <33 lbs		1 mg/ml 1 ml vial/amp #2		0.01 mg/kg	SC x 1 dose. May repeat in 5 – 15 minutes.
Adult and Pediatric	Sodium chloride 0.9%	250 ml IV Bag #1	Severe	250 ml	Stop causative drug, then administer IV at KVO rate.

*Mild allergic reactions include itching, hives, rash, nausea and/or vomiting
*Severe anaphylaxis reactions include angioedema, wheezing, difficulty breathing, swelling of eyelids or lips

Other Orders:

Ancillary Supplies and DME Orders (Dispense quantity sufficient)

Ancillary supplies, including a disposable IV pole, for the infusion of infliximab via peripheral IV, port, or indwelling central catheter via gravity or by ambulatory infusion pump.

Nursing Orders

Nurse to obtain IV access via placement of peripheral IV or insertion of port needle when applicable. If IV access is not obtained after 3 attempts, nurse should contact NuFACTOR for assistance.

Nurse to administer infliximab per physician orders.

Nurse to monitor vital signs prior to infusion, at every rate change, then every 30 minutes if no past infusion reactions or every 15 minutes if history of past infusion reactions and at end of infusion.

Nurse to monitor and teach patient to monitor side effects of the infliximab infusion (includes flu-like symptoms, headache, dyspnea, hypotension, fever, chills, gastrointestinal symptoms and skin rash). Nurse to slow rate or stop infusion if patient begins experiencing side effects. If side effects resolve, nurse to re-initiate at slower rate. If side effects do not resolve, nurse to contact NuFACTOR for further instruction.

Nurse to monitor for signs/symptoms of IV access site infection (generalized fever and/or malaise, IV site swelling, redness, drainage, warmth or pain). Nurse to notify NuFACTOR for further instruction.

Nurse to remove peripheral IV catheter after completion of infusion. If port, may leave access device in place up to 7 days. If PICC, change dressing weekly. Nurse to monitor for signs/symptoms of infection/infiltration.

Physician Information

Signature:	Name:
	NPI#:
	Phone:
Date:	Fax:

Fax all pages of this referral to our secure fax at (855) 270-7347.
For any questions, please contact NuFACTOR Specialty Pharmacy at (800) 323-6832.