

Riverbend Medical Center Regional Infusion Center (RIC) 3377 Riverbend Drive Suite 502/510 Springfield, Oregon 97477 Phone 541-222-6280 Fax 541-349-8006

INFLIXIMAB-DYYB (Inflectra) INFUSION (v. 05/21/2024)

* Hepatitis B (Hep B surface antigen and core antibody total) and tuberculosis (QuantiFERON gold or T-spot) screening must be completed and negative prior to initiation of treatment.

Diagno	sis/Indication (ICD-10):			
Medicatio	n:			
	Infliximab-dyyb 3 mg/kg IV at 0, 2 and 6 wee	eks followed by 3 mg/kg IV every 8 weeks thereaft	er	
	Infliximab-dyyb 5 mg/kg IV at 0, 2 and 6 weeks followed by 5 mg/kg IV every 8 weeks thereafter			
	Infliximab-dyyb mg/kg IV at 0, 2 and	d 6 weeks followed by mg/kg IV every	weeks thereafter	
	Infliximab-dyyb mg/kg IV every	weeks		
	Other			
* Use mos	t recent weight and round dose to the nearest 1	100 mg vial.		
* Use and Guidelines		ling filter with 1.2 micron pore size or less. Infuse p	er Oregon Network Regional Infusion Cent	
Pre-medic	ations:			
	Acetaminophen 650 mg PO once 30 minutes before infusion			
	Diphenhydramine 25 mg PO once 30 minutes before infusion Methylprednisolone (Solu-Medrol) 40 mg IV once 30 minutes before infusion			
	Metnyipreanisoione (Soiu-Medroi) 40 mg 1v or	nce 30 minutes defore infusion		
Labs:				
	CBC with auto differential, CMP every 3 months			
Nursing co	mmunications:			
	Vital signs: Initial, post-infusion, 15 minute post-infusion and as needed Patient may be discharged 15 minutes post-infusion if there is no evidence of adverse reaction and vital signs are stable			
•	Tutent may be about get to immutes post an			
Access:				
	Insert peripheral IV			
	 Every visit, remove after IV administr 	ration complete		
	Access & Use Central Line/ CVAD			
	 Initiate Central Line (Non-PICC) Main 	tenance Protocol		
		ish 5 mL as needed for Port-a-Cath line care		
	• •	or occluded catheter. For clearing central line cath	eter- retain in catheter for 30 minutes	
	to 2 hours, instill a 2nd dose if occlud		return in cutileter for 60 inmutes	
	Access & Use PICC			
	- Initiate PICC Maintenance Protocol			
	- Normal saline flush 3 mL as needed for	or PICC/ Hickman line care		
	 Alteplase (Cathflo) 2 mg as needed for hours, instill a 2nd dose if occluded 	or occluded catheter. For clearing central line catho	eter- retain in catheter for 30 minutes to	
tient name:		Provider printed name:		
)B:		Provider signature:		
ight	Weight	Date:	Time:	



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Emergency Medications: (May give emergency medications IM if IV route unavailable)

- DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic).
- -- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.

 MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl).

 Contact provider if given.
- **Epinephrine 0.3** mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- **■** Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

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OOB:	Provider signature:
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