



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the **x** to remove the pre-checked option.

INFLIXIMAB OR BIOSIMILARS - INITIATION DOSES (0 , 2 , & 6 WEEKS) [11500955] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Pre-Screening Labs

- Provider Communication
Provider to send PPD/Tuberculosis screening and Hep B screening lab results with completed orders.

Labs

Interval

- Complete Blood Count W/ Automated Differential Frequency _____
- Comprehensive Metabolic Panel Frequency _____

Pre-Medications

Interval

- acetaminophen (TYLENOL) tablet 650 mg Every Visit Route: Oral
- loratadine (CLARITIN) tablet 10 mg Every Visit Route: Oral
- diphenhydrAMINE (BENADRYL) capsule 25 mg Every Visit Route: Oral
- methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 40 mg Every Visit Route: IV

Supportive Care

Interval

- INFLIXIMAB IVPB (REMICADE) Route: IV
Starting when released, For 1 dose, DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.
Dose _____ Frequency _____
- INFLIXIMAB-DYYB IVPB (INFLECTRA) Route: IV
Starting when released, For 1 dose, DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.
Dose _____ Frequency _____
- INFLIXIMAB-ABDA IVPB (RENFLEXIS) Route: IV
Starting when released, For 1 dose, DOSING WILL BE ROUNDED TO NEAREST VIAL SIZE. Use an in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.
Dose _____ Frequency _____

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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**INFLIXIMAB OR BIOSIMILARS - INITIATION DOSES
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Nursing Orders		Interval
<input checked="" type="checkbox"/>	Nursing Communication <i>Assess patients' vital signs prior to the infliximab infusion, before each rate increase, and 30 minutes following the infusion. Observe patient 30 minutes after completion of infusion.,</i>	Every Visit

Vascular Access (single select)		Interval
<input type="checkbox"/>	IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	Every Visit
<input type="checkbox"/>	Central line (non-PICC) - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL for Line Care at discharge and de-access every visit</i> - heparin 100 units/mL 5 mL <i>5 mL for de-access PRN</i> - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i>	Every Visit
<input type="checkbox"/>	PICC line - Access vascular device and confirm patency - Initiate PICC maintenance protocol - Nursing Communication <i>Change PICC line dressing weekly and PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i> - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i>	Every Visit

PRN Medications		Interval	
<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Emergency Medications**Interval**

- | X | | PRN | Route: IV |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|
| | diphenhydrAMINE (BENADRYL) injection 25-50 mg
<i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.</i> | | |
| | albuterol 90 mcg/actuation inhaler 2 puff
<i>2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i> | PRN | Route: Inhalation |
| | methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg
<i>125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i> | PRN | Route: IV |
| | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg
<i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (≥ 40 points in SBP), shortness of breath with wheezing and O2Sat $<90\%$), and contact provider.</i> | PRN | Route: Intramuscular |

 Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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