



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 BIOSIMILAR MAINTENANCE INFUSION [11500956] 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

Nursing Orders	Interval
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- | | | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <input checked="" type="checkbox"/> | <p>Nursing Communication</p> <p><i>Infusion # 1-4: vitals prior to infusion, before each rate increase, 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion # 5-8: vitals prior to infusion, 30 minutes after initiation, at end of infusion, and 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion #9: vitals prior to infusion, at end of infusion, and 30 minutes following infusion. Observe patient 30 minutes after completion of infusion. Infusion #10 & beyond: vitals prior to infusion and end of infusion. No observation required upon completion of infusion.,</i></p> | Every Visit |
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Vascular Access (single select)	Interval
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- | | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> | <p>IV</p> <ul style="list-style-type: none"> - Insert peripheral IV - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care | Every Visit |
| <input type="checkbox"/> | <p>Central line (non-PICC)</p> <ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit - heparin 100 units/mL 5 mL
5 mL for de-access PRN - 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"/> | <p>PICC line</p> <ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate PICC maintenance protocol - Nursing Communication
Change PICC line dressing weekly and PRN - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN - 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 |

Provider Signature	Date	Time
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Provider's Printed Name:

Place Patient Label Here

PRN Medications	Interval	
<input type="radio"/> sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
<input type="radio"/> 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

Emergency Medications	Interval	
<input checked="" type="checkbox"/> 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>	PRN	Route: IV
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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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