Cottage Grove Infusion
1515 Village Drive
Cottage Grove, OR 97424
Phone 541-767-5447 Fax 541-767-5399 E-fax 458-434-3164

Infliximab (Inflectra/Remicade/ Renflexis)

* **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.**

Diagnosis/Indication (ICD-10): _____

Medication:

- Infliximab-abda 3 mg/kg IV at 0, 2 and 6 weeks followed by 3 mg/kg IV every 8 weeks thereafter
- Infliximab-abda 5 mg/kg IV at 0, 2 and 6 weeks followed by 5 mg/kg IV every 8 weeks thereafter
- Infliximab-abda _____ mg/kg IV at 0, 2 and 6 weeks followed by _____ mg/kg IV every _____ weeks thereafter
- Infliximab-abda _____ mg/kg IV every _____ weeks
- Other _____

* **Use most recent weight and round dose to the nearest 100 mg vial.**

* **Use and in-line, sterile, non-pyrogenic, low protein-binding filter with 1.2 micron pore size or less. Infuse per Oregon Network Regional Infusion Center Guidelines**

Pre-medications:

- 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

Labs:

- CBC with auto differential, CMP every 3 months

Nursing communications:

- 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
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Access:

- Insert peripheral IV
  - Every visit, remove after IV administration complete
- Access & Use Central Line/ CVAD
  - Initiate Central Line (Non-PICC) Maintenance Protocol
  - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- Access & Use PICC
  - Initiate PICC Maintenance Protocol
  - Normal saline flush 3 mL as needed for PICC/ Hickman line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Patient name: _____   Provider printed name: _____

DOB: _____   Provider signature: _____

Height _____ Weight _____   Date: _____   Time: _____

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.

Patient name: _____   Provider printed name: _____

DOB: _____   Provider signature: _____

Height _____ Weight _____   Date: _____ Time: _____