



Patient Name: _____

Date of Birth: _____

PHYO
CMC84594-001NS Rev. 1/2021

InFLIXimab (REMICADE) (GI) - Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

 NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

 Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

 Height and weight Vital signs

HYPOTENSION DEFINED ADMIT

 Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 = (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

PREGNANCY TESTS AT DALLAS AND PLANO

 Nursing communication

Only one pregnancy test is necessary, but two are available based on facility capabilities. There is a urine POC HCG and urine HCG. Please utilize the lab that is needed based on facility capabilities.

Select One:

 Pregnancy Test, Urine - POC

STAT, ONE TIME, for females > 10 years old. If positive, do NOT infuse and page on-call provider

 Gonadotropin Chorionic (HCG) Urine

STAT, ONE TIME, unit collect. For females > 10 years old. If positive, do NOT infuse and page on-call provider.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

 Insert Peripheral IV

Place PIV if needed or access IVAD if available.



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NURSING ORDERS, CONTINUED

lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection

0.2 mL, INTRADERMAL, PRN

- when immediate procedure needed
- when procedure will take about 1 minute
- patient/family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

- when more than 60 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- when anticipated pain is less than 5 mm from skin surface
- patient/family preference for procedure

lidocaine with transparent dressing 4 % kit

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Select One:

heparin flush

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush

100 - 300 Units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

sodium chloride - pres free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE - PROCEDURE LABS **INTERVAL**

**Every Visit Labs - Default Selected
(CBC, ALB, CRP, ALT, GGT)**

Complete Blood Count with Differential (CBC)

every visit

Unit collect

Key: ALB = albumin; ALT = alanine aminotransferase; AST = Aspartate Aminotransferase; CBC = complete blood count; cm = centimeter; CRP = C-Reactive Protein; g = gram; GGT = Gamma Glutamyl Transaminase; gm = gram; HCG = gonadotropin chorionic; IgG = Immunoglobulin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; PCR = polymerase chain reaction; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; PVC = peripheral venous catheter; RBC = red blood count



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PRE-PROCEDURE LABS, CONTINUED	INTERVAL	DEFER UNTIL
<input checked="" type="checkbox"/> C - reactive protein (CRP) Unit collect	every visit	
<input checked="" type="checkbox"/> Albumin (ALB) Unit collect	every visit	
Every visit labs - default selected (CBC, ALB, CRP, ALT, GGT)		
<input checked="" type="checkbox"/> Alanine Aminotransferase (ALT) Unit collect	every visit	
<input checked="" type="checkbox"/> Gamma Glutamyl Transferase (GGT) Unit collect	every visit	
<input checked="" type="checkbox"/> inFLIXimab Unit collect; please complete lab draw PRIOR to 4th dose being administered (typically between weeks 12 and 16)	once	<u>4th dose</u> Date
<input checked="" type="checkbox"/> inFLIXimab Unit collect; This order is as needed after the dose is drawn PRIOR to the 4th dose (week 14) and can be used for treatments after week 14.	PRN	_____ Date
Every visit labs - optional (AST)		
<input type="checkbox"/> Aspartate Aminotransferase Unit collect	every visit	_____ Date
Every 6 month labs		
<input type="checkbox"/> Vitamin D 25 Hydroxy Unit collect	every 6 months	_____ Date
Every 12 month labs		
<input type="checkbox"/> Vitamin B12 Unit collect	every 12 months	_____ Date
<input type="checkbox"/> Folate RBC Unit collect	every 12 months	_____ Date
<input type="checkbox"/> Iron Unit collect	every 12 months	_____ Date
<input type="checkbox"/> Ferritin Unit collect	every 12 months	_____ Date
<input type="checkbox"/> Quantiferon TB Gold Unit collect	every 12 months	_____ Date

Key: ALB = albumin; ALT = alanine aminotransferase; AST = Aspartate Aminotransferase; CBC = complete blood count; cm = centimeter; CRP = C-Reactive Protein; g = gram; GGT = Gamma Glutamyl Transferase; gm = gram; HCG, gonadotropin chorionic; IgG = Immunoglobulin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; PCR = polymerase chain reaction; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; PVC = peripheral venous catheter; RBC = red blood count



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PRE-PROCEDURE LABS	INTERVAL	DEFER UNTIL
PRN labs		
<input type="checkbox"/> Clostridium Difficile Toxin by PCR Unit collect STOOL	frequency: _____	_____
<input type="checkbox"/> Zinc Unit collect	frequency: _____	_____
<input type="checkbox"/> Hepatitis B Surface Antibody Unit collect	frequency: _____	_____
<input type="checkbox"/> Hepatitis B Surface Antigen Unit collect	frequency: _____	_____
<input type="checkbox"/> Varicellas Zoster IgG Unit collect	frequency: _____	_____
<input type="checkbox"/> Stool Culture Unit collect STOOL	frequency: _____	_____
<input type="checkbox"/> Gastrointestinal Panel by PCR Unit collect STOOL	frequency: _____	_____
<input type="checkbox"/> Calprotectin Fecal Unit collect	frequency: _____	_____

PRE-MEDICATIONS

Physician communication order

Current recommendation is to NOT pre-medicate prior to inFLIXimab infusions. If pre-medications are needed, please select both forms of acetaminophen and diphenhydramine. This will allow the nurse to release the appropriate form depending on patient condition at the time of infusion.

- Acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg)**

Nursing communication

Administer only one of the acetaminophen pre-medication orders, suspension or tablets. Administer only one of the diphenhydramine pre-medication orders, liquid, capsule or injection.

acetaminophen suspension

15 mg / kg, ORAL, ONCE, pre-medication, give 30 minutes prior to infusion

Dose: _____

acetaminophen tablet

15 mg / kg ORAL, ONCE, pre-medication, give 30 minutes prior to infusion

Dose: _____

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ORDERS TO BE COMPLETED FOR EACH THERAPY

PRE-MEDICATIONS, CONTINUED

Diphenhydramine pre-medication 30 Minutes Prior (1 mg / kg, maximum 50 mg)

Nursing Communication

Administer only one of the diphenhydrAMINE pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.

diphenhydrAMINE liquid

ORAL, ONCE, pre-medications, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE capsule

ORAL, ONCE, pre-medications, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE injection

INTRAVENOUS, ONCE, pre-medications, give 30 minutes prior to infusion

Dose: _____

methyIPREDNISolone RTA infusion 1 mg / kg maximum = 40 mg every visit

1 mg / kg INTRAVENOUS, ONCE, pre-medication, give 30 minutes prior to infusion, For doses \geq or = to 10 mg / kg, see policy 7.10.16, assess and document heart rate and blood pressure (BP) every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.

Dose: _____

INTRA-PROCEDURE INTERVAL

Baseline vitals prior to start of inFLIXimab, then monitor vitals every 15 minutes during inFLIXimab infusion and for 30 minutes after infusion completed. In the event of any hypersensitivity or other infusion related symptoms, the infusion should be stopped and notify the prescribing MD. every visit

Physician communication order

Recommended inFLIXimab starting dose = 5 mg / kg. Please enter the dose of inFLIXimab in 'mg' to facilitate prior authorization requirements. Vials size is 100 mg, if possible and clinically acceptable, round to the nearest 100 mg. Please select the appropriate section depending on course of loading doses needed. After 3 doses without any infusion related reactions, may switch to RAPID infusion inFLIXimab order. Must edit plan to remove standard inFLIXiab and order RAPID infusion inFLIXimab.

inFLIXimab, loading dose

inFLIXimab in sodium chloride 0.9% 250 mL infusion every 14 days _____ For 3 treatments

INTRAVENOUS, at 125 mL / hr, for 1 dose, administer over 2 hours. Must be administered with a 0.2 micron disk filter.

Time (minutes) infusion rate

	Rate	Time at that rate
Initial Infusion Rate	10 mL / hour	for 15 minutes
Increase Rate to	20 mL / hour	for 15 minutes
Increase Rate to	40 mL / hour	for 15 minutes
Increase Rate to	80 mL / hour	for 15 minutes
Increase Rate to	150 mL / hour	for 30 minutes
Increase Rate to	250 mL / hour	for 30 minutes
Then stop infusion		Infusion complete

Dose: _____

Key: ALB = albumin; ALT = alanine aminotransferase; AST = Aspartate Aminotransferase; CBC = complete blood count; cm = centimeter; CRP = C-Reactive Protein; g = gram; GGT = Gamma Glutamyl Transferase; gm = gram; HCG, gonadotropin chorionic; IgG = Immunoglobulin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; PCR = polymerase chain reaction; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; PVC = peripheral venous catheter; RBC = red blood count



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INTRA-PROCEDURE, CONTINUED	INTERVAL	DEFER UNTIL	DURATION
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inFLIXimab, loading dose

inFLIXimab in sodium chloride 0.9% 250 mL infusion every 14 days _____ For 3 treatments

INTRAVENOUS, at 125 mL / hr, for 1 dose, administer over 2 hours. Must be administered with a 0.2 micron disk filter.

Time (minutes) infusion rate

	Rate	Time at that rate
Initial Infusion Rate	10 mL / hour	for 15 minutes
Increase Rate to	20 mL / hour	for 15 minutes
Increase Rate to	40 mL / hour	for 15 minutes
Increase Rate to	80 mL / hour	for 15 minutes
Increase Rate to	150 mL / hour	for 30 minutes
Increase Rate to	250 mL / hour	for 30 minutes
Then stop infusion		Infusion complete

Dose: _____

inFLIXimab, treatment dose

inFLIXimab in sodium chloride 0.9% 250 mL infusion every 8 weeks _____

INTRAVENOUS, at 125 mL / hour, administer over 2 hours. Must be administered with a 0.2 micron disk filter.

Time (minutes) infusion rate

	Rate	Time at that rate
Increase Rate to	10 mL / hour	for 15 minutes
Increase Rate to	20 mL / hour	for 15 minutes
Increase Rate to	40 mL / hour	for 15 minutes
Increase Rate to	80 mL / hour	for 15 minutes
Increase Rate to	150 mL / hour	for 30 minutes
Increase Rate to	250 mL / hour	for 30 minutes
Then stop infusion		Infusion complete

Dose: _____

EMERGENCY MEDICATIONS

Nursing communication

1. Hives or cutaneous reaction only – no other system involvement PATIENT IS HAVING A DRUG REACTION:

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check vitals including blood pressure every 5 minutes until further orders from provider.
- d. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one
- e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling PATIENT IS HAVING ANAPHYLAXIS:

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check vitals including blood pressure every 5 minutes until the code team arrives.
- f. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation.

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EMERGENCY MEDICATION, CONTINUED

Hypotension is defined as follows:

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
- 11 years to 17 years – systolic blood pressure (SPB) less than 90
- OR any age – systolic blood pressure (SPB) drop more than 30% from baseline.
- Baseline systolic blood pressure x 0.7 = value below defined as hypotension.

EPINEPHrine Injection

(AMPULE / EPI - PEN JR. / EPI - PEN)

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

**Cardio / respiratory monitoring rationale for monitoring:
high risk patient (please specify risk)**

(Patient receiving infusion with potential infusion reactions);
heart rate, respiratory rate, oxygen saturation
Rationale for Monitoring: High risk patient (please specify risk)
Parameters: heart rate, respiratory rate, oxygen saturation
Alarm limits: preset at age specific limits

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose Max dose = 50 mg per dose, 300 mg per day.

Dose: _____

albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST - PROCEDURE

Nursing communication

Flush PIV or IVAD with 10 - 20 mL 0.9% sodium chloride at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de - accessing IVAD.

sodium chloride flush 0.9%

10 - 20 mL, INTRAVENOUS, PRN, IV line flush

Dose: _____

Signature of Provider (circle one):
MD DO _____ _____
Credentials Date Time

Printed Name of Provider

Key: cm = centimeter; g = gram; gm = gram; HCG; gonadotropin chorionic; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; PVC = peripheral venous catheter