Your Hospital's Logo Here

## REMICADE INFUSION PHYSICIAN'S ORDER SHEET

FOR OUTPATIENTS, ONCE COMPLETED, FAX ORDER SHEET TO INFUSION TREATMENT CENTER (202) 555 - 1212

	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	ALLERGY					
			DATE:	TIME:	( Military	/ Time )		
			Dx:	Weight:	lbs	kg		
			Vital Signs on a	rrival:				
			Lab Work: CBC, CMP2, C-Reactive Protein, UA					
			Monitor Vital Signs q. 30 min during infusion. Watch for hypersensitivity reactions.					
			Pre-hydrate with D 5 ½ NS @ 150 ml / hr x 1 hour. (Use 1.2 micron in-line non-protein binding filter -or- 0.22 micron high pressure filter).					
			Tylenol 650 mg PO 1 hour before infusion					
			Benadryl 25 mg	PO 30 minutes before infusion				
PATIENT IDENTIFICATION			Remicade	mg in 250 ml NS				
			Initiate therapy	at 10 mL/hr x 15 minutes	( Total volume = 2.	5 mL )		
			Increase to 20 i	mL/Hr x 15 minutes	( Total volume = 5	mL )		
			Increase to 40 i	mL/Hr x 15 minutes	( Total volume = 10	) mL )		
			Increase to 80 i	mL/Hr x 15 minutes	( Total volume = 20	) mL )		
			Increase to 150	mL/Hr x 30 minutes	( Total volume = 75	imL)		
L N			Increase to 250	mL/Hr x 30 minutes	( Total volume = 15	50 mL )		
<u>.</u>			Post - hydrate v	vith D 5 1/2 NS @ 150 ml/hr x 1 hour.				
E			Documentation	of negative PPD				
ΤA								
<u>.</u>								
			<b>RHEUMATOID ARTHRITIS:</b> The recommended dose of <i>Remicade</i> is 3 mg/kg given IV followed with additional 3 mg/kg doses at 2 and 6 weeks after the first infusion; then q 8 weeks thereafter. <i>Remicade</i> should be given in combination with methotrexate.					
			intravenous infus patients with fistory	ASE: The recommended dose of <i>Rem</i> sion for treatment of moderately to se ulizing disease, an initial 5 mg/kg dose and 6 weeks after the first infusion.	everely active Crohn's I	Disease. In		
FAXED BY/TIME:	TIME NOTED:		Doctor's Signatu	ire	,MD Date	e		
			Nurse's Signatu					

**USE BALL POINT PEN ONLY - PRESS FIRMLY** 

## PART OF THE MEDICAL RECORD

Military Time > >



## REMICADE INFUSION FLOWSHEET

## PATIENT IDENTIFICATION

RHEUMATOID ARTHRITIS: The recommended dose of *Remicade* is 3 mg/kg given IV followed with additional 3 mg/kg doses at 2 and 6 weeks after the first infusion; then q 8 weeks thereafter. *Remicade* should be given in combination with methotrexate.

**CROHN'S DISEASE:** The recommended dose of *Remicade* is 5 mg/kg given as a single intravenous infusion for treatment of moderately to severely active Crohn's Disease. In patients with fistulizing disease, an initial 5 mg/kg dose should be followed with additional 5 mg/kg doses at 2 and 6 weeks after the first infusion

methotre	exate.	i	infusion.						
WEIGHT:	<u> </u>	lbs		kg					
VITAL SIGN	NS on Arrival:			( for Outpatients Only )					
LAB WORK:	C: ( CBC, CMP, SGOT, C - Reactive Protein	n, UA)							
Monitor vita	tal signs q 30 minutes during infusion &	& document on Comprehens	sive Care Sheet. Watch for hyp	persensitivity reactions.					
Symptoms	ns usually disappear quickly with:		on Rate; [2] Acetaminophen; [s; [5] Epinephrine, and; [6] Ox						
Pre-hydrat	ιe with D 5 ½ NS @ 150 ml/hr x 1 hour	r. ( Use 1.2 micron in-line r	ion protein binding filter -or- 0.'	0.22 micron high pressure filter ). TIME:					
Tylenol 650	50 mg PO 1 hour before infusion. TIME	E GIVEN:	Benadryl 25 mg PO 30 mir	inutes before infusion. TIME GIVEN:					
Remicade	e mg in 250 ml NS.	(Military Time)	(Military)	y) TIME NURSE'S INITIALS					
1	Initiate therapy at 10 mL/hr x 15 min	inutes; (Total volume = 2.5	, mL )						
2	Increase to 20 mL/Hr x 15 minutes;	ة; (Total volume = 5 mL )							
3	Increase to 40 mL/Hr x 15 minutes;	s; ( Total volume = 10 mL )							
4	Increase to 80 mL/Hr x 15 minutes; ( Total volume = 20 mL )								
5	Increase to 150 mL/Hr x 30 minute	Increase to 150 mL/Hr x 30 minutes; (Total volume = 75 mL)							
6	Increase to 250 mL/Hr x 30 minutes	es; (Total volume = 125 mL	.)						
7	Post-hydrate with D5½ NS @ 150ml	ıl/Hr x 1 hour							
	In the e	vent of a "MILD" -to	- "MODERATE" Infusion	on Reaction:					
		STOP -or- Sive Benadryl ( diphenhydi	r- SLOW Infusion. dramine HCI ) and Acetamino equivalent IV corticosteroid						
	Reaction Resolved		at 10mL/hr and follow the Infusion Rate Schedule	Reaction Unresolved					
	Complete Infusion			Stop Infusion and Administer Appropriate Treatment					
NURSE'S NO	OTES:								
		-							
NURSE'S Si	Signature / Title:			DATE:					
1									

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