

Standard Orders for Inflectra Administration

Patient _____ DOB _____ ACCT _____ Date _____

***NOTE** Patient is **ineligible** to receive Inflectra if they have suspected infectious process, or is receiving antibiotic for active infectious process due to the possibility of developing a super infection related to its effect on the immune system.

INDICATION:

<input type="checkbox"/> K50.0 _____ Crohn's Disease (small intestine)		<input type="checkbox"/> K51.0 _____ Universal Ulcerative (chronic) Pancolitis
<input type="checkbox"/> K50.1 _____ Crohn's Disease (large intestine)	<input type="checkbox"/> K51.8 _____ Other Ulcerative (chronic) Colitis	<input type="checkbox"/> K51.9 _____ Ulcerative Colitis, Unspecified
<input type="checkbox"/> K50.8 _____ Crohn's Disease (small & large intestine)	<input type="checkbox"/> K51.5 _____ Left sided Ulcerative (chronic) Colitis	<input type="checkbox"/> K60.3 _____ Anal Fistula
<input type="checkbox"/> K63.2 _____ Fistula of Intestine	<input type="checkbox"/> Other ICD-10 Code _____	

HISTORY:

- | | |
|--|--|
| <input type="checkbox"/> Inadequate response to DMARDS
<input type="checkbox"/> Rapid 3 _____
<input type="checkbox"/> ESR/CRP _____ | <input type="checkbox"/> Unable to tolerate DMARDS
<input type="checkbox"/> Swollen/tender joints
<input type="checkbox"/> Progressive erosive arthropathy |
|--|--|

ORDERS:

Standard Order Protocol

- Confirm current PPD, TSpot, or CXR
- Confirm HbsAg negative
- Obtain patient weight each visit
- Evaluate patient for active infections, prior or upcoming surgical procedures, medication allergies, Congestive Heart Failure, or any current health concerns as noted on Infusion Record
- Vital signs every 30 minutes beginning with start of infusion
- Titrate infusion over 2 hours as recommended in Pfizer Infusion Guide for doses 1-4, and for patients receiving pre-med due to previous infusion reaction. After dose 4, titrate infusion over 1 hour as tolerated.
- **If infusion reaction occurs, follow Infusion Reaction Protocol located in Policy/Procedure Manual**
- Discharge instructions to include possible infusion side effects and follow up appointment schedule

DOSE:

biosimilar infliximab (Inflectra) _____ **mg/kg** in Normal Saline IV

FREQUENCY:

- Initiation of Inflectra to be administered at week(s) 0, 2, and 6
- Maintenance dose every _____ weeks

PREMEDICATE:

- NO** pre-med
- Pre-medicate X 1 dose 30 minutes before each infusion with:
 - 1000mg Acetaminophen PO 25mg Benadryl PO/IV 125 mg Solu-Medrol IV Other _____

Additional comments/instructions _____

Print Physician Name _____

Physician Signature _____

Date _____

Practice Name: _____

NPI: _____

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Physician Signature _____

Date _____

Nurse Signature _____

Date _____