INTRAVENOUS INFLIXIMAB

(PHYSICIAN ORDER SHEET)

[To be kept in Patient's Biologic File]

Based on Pack Insert of Remicade® & Remsima® for Malaysia

Adapted by Dr Ramani Rheumatology Clinic

Date:

PRE-INFUSION CHECKLIST

☐ **Assess signs and symptoms of infection, fever, surgery, etc.**

Contact the physician if there are any issues.

NON-MEDICATION ORDERS

VITALS

☐ **Weight** ____ **kg**

☐ **Vital signs at baseline**

☐ **Vital signs every** ____ **mins**

Recommendation: every 30 minutes during infusion and for 30 minutes after infusion.

If there is a history of infusion reaction, monitor vital signs every 15 minutes for 60 minutes, then every 30 minutes.

BLOOD WORKS

☐ **FBC**

☐ **Renal profile**

☐ **Liver profile**

☐ **CRP**

☐ **ESR**

☐ **Other:** ____

Physician signature & stamp:

PATIENT'S DATA

Name:

MRN:

Drug allergy / allergies:

MEDICATION ORDERS (Please tick appropriate boxes)

INFLIXIMAB BRANDS

☐ **Remicade (innovator)** ☐ **Remsima (biosimilar)**

DOSING OF INFLIXIMAB INFUSION

Infliximab is available in 100 mg/vial

INDICATION

☐ **RA: 3 mg/kg at weeks 0, 2 and 6; then every 4-8 weeks (combine with methotrexate therapy).**

☐ **AS: 5 mg/kg at weeks 0, 2 and 6; then every 6 weeks.**

☐ **PsA: 5 mg/kg at weeks 0, 2 and 6; then every 8 weeks.**

DOSE: Infliximab ____ **mg/kg** **Total dose:** ____ **mg**

Initial therapy - infliximab loading dose at: ☐ **Week 0** ☐ **Week 2** ☐ **Week 6**

Maintenance therapy: infliximab every ____ **weeks thereafter.**

PRE-MEDICATIONS

At least 30 minutes before infusion

☐ **Chlorpheniramine (Piriton) tablet 4 mg or 10 mg IV**

☐ **Paracetamol tablet 1 g**

☐ **Hydrocortisone 100 mg IV or methylprednisolone 100 mg IV**

INFLIXIMAB INFUSION

Complete infusion within 4 hours after reconstitution

- **Reconstitute each vial with 10 mL WFI (10 mg/mL).**
- **Withdraw the required amount of infliximab.**
- **Dilute with 0.9% NS to a final volume of 250 mL.**
- **Attach an infusion filter (pore size no greater than 1.2 micrometres) to the IV line.**

INFUSE AS FOLLOWS

☐ **First infusion / previous infusion reaction** *Approximate total infusion time: 3 hours*

> **10 mL/hour for 15 minutes, then**

> **20 mL/hour for 15 minutes, then**

> **40 mL/hour for 30 minutes, then**

> **80 mL/hour for 30 minutes, then**

> **125 mL/hour until complete.**

Regular patient: **Infuse over a minimum of 2 hours (rate no greater than 125 mL/hour).**

INFUSION-RELATED REACTION

STOP the infusion immediately and notify the prescriber.

IV Infliximab Infusion Chart

Note: Attach an infusion filter to the IV line.

Date: _____

Name: _____

MRN: _____

Weight: _____

Dose: _____

Standard Infusion Monitoring

Duration		Vitals Monitoring			Infusion Reaction				
Time	Mins	B/P	PR	Temp	Chills	Chest pain	Dyspnoea	Pruritis	Rash
	0								
	30								
	60								
	90								
	120								
	150								

Prior History to Infusion Reaction

Duration		Vitals Monitoring			Infusion Reaction				
Time	Mins	B/P	PR	Temp	Chills	Chest pain	Dyspnoea	Pruritis	Rash
	0								
	15								
	30								
	45								
	60								
	90								
	120								
	150								
	180								
	210								
	240								