

INTRAVENOUS GOLIMUMAB

(PHYSICIAN ORDER SHEET)

[To be kept in Patient's Clinical File]

Based on Pack Insert of Simponi 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:

Drug allergy / allergies:

MRN:

MEDICATION ORDERS (Please tick appropriate boxes)

DOSING OF GOLIMUMAB INFUSION

Golimumab is available in 50 mg/4 mL

Dose: Golimumab 2 mg/kg

Total dose: mg

Initial therapy - loading dose at:

☐ Week 0☐ Week 4

Maintenance therapy: Golimumab every

weeks (usually every 8 weeks)

GOLIMUMAB INFUSION

- Withdraw the required amount of golimumab.
- Dilute with 0.9% NS to a final volume of 100 mL.
- Attach an infusion filter (pore size no greater than 1.2 micrometres) to the IV line.
- Infuse golimumab over 30 minutes (rate: 200 mL/hour).

PRN PRE-MEDICATIONS

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

☐ Paracetamol tablet 1 g

☐ Hydrocortisone 100 mg IV

or ☐ Methylprednisolone 100 mg IV

INFUSION-RELATED REACTION

STOP the infusion immediately and notify the prescriber.



IV Golimumab Infusion Chart

Note: Attach an infusion filter to the IV line.

Date: _____
Name: _____
MRN: _____
Weight: _____
Dose: _____

Infusion Monitoring

Duration		Vitals Monitoring			Infusion Reaction					
Time	Mins	B/P	PR	Temp	Angio-oedema	Urticaria / Rash	Pruritus	Dyspnoea	Headache / Dizziness	Nausea / Vomiting
	0									
	30									
	60									
	90									

Clinical notes / action taken: