

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								