



HISTORY & PHYSICAL REMICADE ORDERS Page 1 of 2
Infusion Center

ATTENTION PHYSICIANS: Please indicate dose, route and frequency of each medication ordered.

Patient Name: \_\_\_\_\_

Male Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

In \_\_\_\_\_ general health, with a diagnosis of: \_\_\_\_\_

Allergies: \_\_\_\_\_

Mediations: \_\_\_\_\_

Previous surgeries/illness: \_\_\_\_\_

Gynecology/obstetrical patients: gravida \_\_\_\_\_ para \_\_\_\_\_ LMP \_\_\_\_\_

Physical Examination: temp: \_\_\_\_\_ pulse: \_\_\_\_\_ resp.: \_\_\_\_\_ blood pressure: \_\_\_\_\_ Pain: \_\_\_\_\_

Pertinent examination: \_\_\_\_\_

Neuro: \_\_\_\_\_ HEENT: \_\_\_\_\_ C/V: \_\_\_\_\_ Lungs: \_\_\_\_\_ GI: \_\_\_\_\_ GU: \_\_\_\_\_

Skin: \_\_\_\_\_ Extremities: \_\_\_\_\_ Other: \_\_\_\_\_

Pertinent x-ray findings: \_\_\_\_\_

Pertinent laboratory findings: \_\_\_\_\_

Remicade Inclusion Criteria - all must apply (see Page 2 for more information):

- The patient is: 1) considered a "responder" to therapy
2) has been screened for TB and signs of infection. Date and results of last TB test
3) the patient does not have moderate to severe congestive heart failure.

Premeds: diphenhydramine (Benadryl) 25 mg (PO) OR loratadine (Claritin) 10 mg (PO)
acetaminophen (Tylenol) 500 mg (PO) may repeat x 1
Other: \_\_\_\_\_

Rheumatoid Arthritis: moderate to severe, in combination with methotrexate, and exhibiting inadequate response to conventional therapy.

- Initial dose of Remicade at 0, 2, and 6 weeks at 3 mg/kg/dose
Maintenance Therapy: 3 mg/kg/dose every 8 weeks

Order renewals are required every thirty days regardless of duration of therapy.

Crohn's Disease or Ulcerative Colitis: moderate to severe, and exhibiting inadequate response to conventional therapy.

- One rescue dose treatment for Crohn's exacerbation at 5 mg/kg/dose
Initial dose of Remicade at 0, 2, and 6 weeks at 5 mg/kg/dose
Maintenance Therapy: 5 mg/kg/dose every 8 weeks

Order renewals are required every thirty days regardless of duration of therapy.

Other (specify):\* \_\_\_\_\_

\*Explanation for deviation from standard dosing is required. Dose to be calculated based on weight the day of administration.

Nursing Orders: (check appropriate boxes)

- Start peripheral venous access Use existing central venous access for lab draws
Use existing central venous access for medication delivery

Initiate anaphylaxis protocol if needed

Diet: \_\_\_\_\_ Activity: \_\_\_\_\_

D/C peripheral device after dose of medication Heparin flush central line 100units/ml (2.5 ml) OR I/P 100units/ml (5 ml)

Discharge home when vital signs stable. Follow-up office appointment scheduled: Date \_\_\_\_\_ Time \_\_\_\_\_

Post-administration Notes:

The patient received \_\_\_\_\_ mg of Remicade, and tolerated the drug \_\_\_\_\_

Additional RN notes to MD: \_\_\_\_\_

Faxed to prescribing MD by: \_\_\_\_\_ Date: \_\_\_\_\_

Table with 4 columns: Doctor, Verbal/Telephone orders read back, Noted By, and Reg. No. with sub-columns for Date and Time.

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**Infusion Center**

**Patient Name:** \_\_\_\_\_

**Inpatient Use:** Infliximab is ideally administered in the outpatient setting due to slow onset of action and reimbursement issues. In exceptional cases, the inpatient use of infliximab will be authorized secondary to a GI or Rheumatology consult. Any inpatient infliximab use may be subject to further Pharmacy and Therapeutics Committee review.

**Non-life-threatening:** Non-FDA-approved use of infliximab requires prior approval from the Pharmacy Manager and may be subject to Pharmacy and Therapeutics Committee review.

**FDA Warnings:**

- Tuberculosis, invasive fungal infections, and other opportunistic infections, have been fatal in conjunction with Remicade®'s use. Evaluate patient for latent tuberculosis infection with a tuberculin skin test. Treatment of latent tuberculosis infection should be initiated prior to therapy.
- Do not initiate Remicade® therapy in patients with **moderate to severe congestive heart failure (e.g. ejection fraction less than 35%)**. Patients with mild CHF currently receiving Remicade® should be closely monitored. Remicade® should be discontinued in patients who develop new or worsening symptoms of heart failure. Doses greater than 5 mg/kg should not be administered to CHF patients.

**Clinical Pearl:**

- Over a third of patients failed an initial Remicade® therapy in the clinical trials, and were categorized as “**non-responders**”. The maximum response time of any Remicade® dose is 4 weeks; if Remicade® does not prove effective within this period, consider its discontinuation.

**Pharmacy Dose Verification:**

Rheumatoid Arthritis: 3 mg x \_\_\_\_\_ (ABW in kg) = \_\_\_\_\_ mg total dose, rounded per protocol below to: \_\_\_\_\_ mg.

Crohn's Disease or Ulcerative Colitis: 5 mg x \_\_\_\_\_ (ABW in kg) = \_\_\_\_\_ mg total dose, rounded per protocol below to: \_\_\_\_\_ mg.

Others (explain): \_\_\_\_\_

Pharmacists' Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Remicade® Rounding Protocol**

Patient Weight (kg)	3 mg/kg	5 mg/kg	Patient Weight (kg)	3 mg/kg	5 mg/kg
30 – 39	100	175	110 – 119	300	550
40 – 49	125	200	120 – 129	350	600
50 – 59	150	250	130 – 139	400	650
60 – 69	200	300	140 – 149	400	700
70 – 79	200	350	150 – 159	450	750
80 – 89	250	400	160 – 169	450	800
90 – 99	250	450	170 – 179	500	850
100 – 109	300	500	180 – 189	500	900