

DEMOGRAPHICS

Patient Name: _____
Address: _____
City: _____ State: _____ Zip: _____
DOB: ____/____/____ ☐ Male ☐ Female
Phone: _____
SSN: _____ Ht: _____ Wt: _____

PRESCRIBING PHYSICIAN

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
License#: _____
DEA#: _____ NPI: _____

ALLERGIES / REACTIONS

Signature: _____
Date: _____

PHYSICIAN ORDERS

☐ **REMICADE** ☐ **INFLECTRA** ☐ **INFLIXIMAB** **REFILLS:** _____

- ☐ Initial Dose: Infuse _____ mg/kg (____mg) IV at 0, 2, & 6 weeks
☐ Maintenance: Infuse _____ mg/kg (____mg) IV every _____ weeks

☐ **IV ACCESS**

- ☐ Peripheral IV - Flush with Normal Saline 5–10 ml with IV start and before & after medication
☐ Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication---LOCK with Heparin 500 units (100 units/ml)

☐ **PRE-MEDICATIONS / LABS**

REFILLS: _____

- ☐ Diphenhydramine _____ MG IV 30 minutes before infusion ☐ Solu-Medrol _____ MG IV 30 minutes before infusion
☐ OTHER: _____
☐ LABS: _____ FREQUENCY _____



Anaphylaxis Kit per Pharmacy protocol

TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER PRN FOR PATIENTS RECEIVING IV MEDS IN THE HOME
Epinephrine Auto Injector 0.3mg/0.3ml IM – Repeat one time in 20 minutes if needed



ADVERSE REACTION ORDERS:

Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,
Severe Reactions - STOP infusion ☒, KVO IV Normal Saline ☒ Diphenhydramine 25/50 mg IVP over 3-5 minutes ☒
Methylprednisolone 125 mg IVP over 5 minutes ☒ Call Ambulance and Physician ☒.

DIAGNOSIS:

☐ K50.90 Crohn's Disease NOS ☐ K51.90 Ulcerative Colitis ☐ Other: _____