CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH INFLIXIMAB (REMICADE)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (360 MIN)**			
☑	Infusion Appointment Request	Every 14 days	S	2 treatments

Appointment Request (continued)

		Interval	Defer Until	Duration
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (360 MIN)**			
☑	Infusion Appointment Request	Once	S+42	1 treatment
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (360 MIN)**			
☑	Infusion Appointment Request	Every 12 weeks	S	Until S+84
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 14 days	S	2 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Every 14 days	S	2 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 14 days	S	2 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Every 14 days	S	2 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Every 14 days	S	2 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			

Labs (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Once	S+42	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Once	S+42	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Once	S+42	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Once	S+42	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Once	S+42	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 12 weeks	S	Until S+84
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Every 12 weeks	S	Until S+84
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 12 weeks	S	Until S+84
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Every 12 weeks	S	Until S+84
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Every 12 weeks	S	Until S+84

Labs (continued)

	Interval	Defer Until	Duration

No details available for preview
Selection Condition: Lab location - SJH Oncology - Blazer

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 PO / DIPH 25 PO)**			
☑	diphenhydrAMINE (BENADRYL) tablet/capsule 25 mg	Every visit	S	Until discont'd

25 mg, oral, Once, Starting when released
Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.

☑	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	Until discont'd

650 mg, oral, Once, Starting at treatment start time
Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours

Flush Line

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 50 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) bolus	Every visit	S	Until discont'd

500 mL, intravenous, As needed, For primary line., Starting at treatment start time, Until Discontinued
Infuse at 50 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Medications

		Interval	Defer Until	Duration
☑	**inFLIXimab Initial Loading Dose-Weeks 0 and 2**			
◉	inFLIXimab-abda (RENFLEXIS) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL	Every 14 days	S	2 treatments

Medications (continued)

		Interval	Defer Until	Duration

3 mg/kg, intravenous, Once, Starting at treatment start time

Monitor patients and discontinue RENFLEXIS infusion for severe reactions.

RENFLEXIS should not be infused concomitantly in the same intravenous line with other agents. Infuse over at least 2 hours. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Titrate over 2 hours per protocol using 1.2 micron filter.

Administer according to the Therapy Plan schedule.

Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin RENFLEXIS infusion at 10ml/hr x15minutes.

If no significant change in vital signs, increase to 20ml/hr x 15 minutes.

If no significant change in vital signs, increase to 40ml/hr x 15 minutes.

If no significant change in vital signs, increase to 80ml/hr x 15 minutes.

If no significant change in vital signs, increase to 150ml/hr x 30 minutes.

If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes.

After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

◎	inFLIXimab-dyyb (INFLECTRA) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL IVPB	Every 14 days	S	2 treatments

3 mg/kg, intravenous, Once, Starting at treatment start time

Monitor patients and discontinue INFLECTRA infusion for severe reactions.

INFLECTRA should not be infused concomitantly in the same intravenous line with other agents. Infuse over at least 2 hours. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Titrate over 2 hours per protocol using 1.2 micron filter.

Administer according to the Therapy Plan schedule.

Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin INFLECTRA infusion at 10ml/hr x15minutes.

If no significant change in vital signs, increase to 20ml/hr x 15 minutes.

If no significant change in vital signs, increase to 40ml/hr x 15 minutes.

If no significant change in vital signs, increase to 80ml/hr x 15 minutes.

If no significant change in vital signs, increase to 150ml/hr x 30 minutes.

If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes.

After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

◎	inFLIXimab (REMICADE) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL IVPB	Every 14 days	S	2 treatments

3 mg/kg, intravenous, Once, Starting at treatment start time

Monitor patients and discontinue REMICADE infusion for severe reactions.

REMICADE should not be infused concomitantly in the same intravenous line with other agents. Infuse over at least 2 hours. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Titrate over 2 hours per protocol using 1.2 micron filter.

Administer according to the Therapy Plan schedule.

Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin REMICADE infusion at 10ml/hr x15minutes.

If no significant change in vital signs, increase to 20ml/hr x 15 minutes.

If no significant change in vital signs, increase to 40ml/hr x 15 minutes.

If no significant change in vital signs, increase to 80ml/hr x 15 minutes.

If no significant change in vital signs, increase to 150ml/hr x 30 minutes.

If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes.

After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

Medications (continued)

		Interval	Defer Until	Duration
☑	**inFLIXimab Loading Dose-Week 6**			
◉	inFLIXimab-abda (RENFLEXIS) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL	Once	S	Until S+42

3 mg/kg, intravenous, Once, Starting at treatment start time
Monitor patients and discontinue RENFLEXIS infusion for severe reactions.

RENFLEXIS should not be infused concomitantly in the same intravenous line with other agents. Infuse over 2 hours minium. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Administer according to the Therapy Plan schedule. Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin RENFLEXIS infusion at 10ml/hr x15minutes.
If no significant change in vital signs, increase to 20ml/hr x 15 minutes.
If no significant change in vital signs, increase to 40ml/hr x 15 minutes.
If no significant change in vital signs, increase to 80ml/hr x 15 minutes.
If no significant change in vital signs, increase to 150ml/hr x 30 minutes.
If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes. After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

◎	inFLIXimab-dyyb (INFLECTRA) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL IVPB	Once	S	Until S+42

3 mg/kg, intravenous, Once, Starting at treatment start time
Monitor patients and discontinue INFLECTRA infusion for severe reactions.

INFLECTRA should not be infused concomitantly in the same intravenous line with other agents. Infuse over 2 hours minium. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Administer according to the Therapy Plan schedule. Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin INFLECTRA infusion at 10ml/hr x15minutes.
If no significant change in vital signs, increase to 20ml/hr x 15 minutes.
If no significant change in vital signs, increase to 40ml/hr x 15 minutes.
If no significant change in vital signs, increase to 80ml/hr x 15 minutes.
If no significant change in vital signs, increase to 150ml/hr x 30 minutes.
If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes. After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

◎	inFLIXimab (REMICADE) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL IVPB	Once	S	Until S+42

Medications (continued)

	Interval	Defer Until	Duration

3 mg/kg, intravenous, Once, Starting at treatment start time
Monitor patients and discontinue REMICADE infusion for severe reactions.

REMICADE should not be infused concomitantly in the same intravenous line with other agents. Infuse over 2 hours minium. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Administer according to the Therapy Plan schedule. Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin REMICADE infusion at 10ml/hr x15minutes.
If no significant change in vital signs, increase to 20ml/hr x 15 minutes.
If no significant change in vital signs, increase to 40ml/hr x 15 minutes.
If no significant change in vital signs, increase to 80ml/hr x 15 minutes.
If no significant change in vital signs, increase to 150ml/hr x 30 minutes.
If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes. After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

☑ **inFLIXimab Maintenance Dose-Starting Week 12**

◉ inFLIXimab-abda (RENFLEXIS) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL — Every 12 weeks — S — Until S+84

3 mg/kg, intravenous, Once, Starting at treatment start time
Monitor patients and discontinue RENFLEXIS infusion for severe reactions.

RENFLEXIS should not be infused concomitantly in the same intravenous line with other agents. Infuse over 2 hours minium. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Administer according to the Therapy Plan schedule. Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin RENFLEXIS infusion at 10ml/hr x15minutes.
If no significant change in vital signs, increase to 20ml/hr x 15 minutes.
If no significant change in vital signs, increase to 40ml/hr x 15 minutes.
If no significant change in vital signs, increase to 80ml/hr x 15 minutes.
If no significant change in vital signs, increase to 150ml/hr x 30 minutes.
If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes. After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

◎ inFLIXimab-dyyb (INFLECTRA) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL IVPB — Every 12 weeks — S — Until S+84

Medications (continued)

		Interval	Defer Until	Duration

3 mg/kg, intravenous, Once, Starting at treatment start time
Monitor patients and discontinue INFLECTRA infusion for severe reactions.

INFLECTRA should not be infused concomitantly in the same intravenous line with other agents. Infuse over 2 hours minium. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Administer according to the Therapy Plan schedule. Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin INFLECTRA infusion at 10ml/hr x15minutes.
If no significant change in vital signs, increase to 20ml/hr x 15 minutes.
If no significant change in vital signs, increase to 40ml/hr x 15 minutes.
If no significant change in vital signs, increase to 80ml/hr x 15 minutes.
If no significant change in vital signs, increase to 150ml/hr x 30 minutes.
If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes. After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

◎	inFLIXimab (REMICADE) 3 mg/kg in sodium chloride 0.9% (NS) 250 mL IVPB	Every 12 weeks	S	Until S+84

3 mg/kg, intravenous, Once, Starting at treatment start time
Monitor patients and discontinue REMICADE infusion for severe reactions.

REMICADE should not be infused concomitantly in the same intravenous line with other agents. Infuse over 2 hours minium. Use an infusion set with an in-line, sterile, non-pyogenic, low-protein-binding filter (pore size of 1.2 B5m or less). NOT COMPATIBLE WITH D5W. Do NOT Shake. Keep Refrigerated

Administer according to the Therapy Plan schedule. Take blood pressure and pulse every 15 minutes immediately prior to each rate increase:

Begin REMICADE infusion at 10ml/hr x15minutes.
If no significant change in vital signs, increase to 20ml/hr x 15 minutes.
If no significant change in vital signs, increase to 40ml/hr x 15 minutes.
If no significant change in vital signs, increase to 80ml/hr x 15 minutes.
If no significant change in vital signs, increase to 150ml/hr x 30 minutes.
If no significant change in vital signs, increase to 250ml/hr x 30 minutes.

The infusion should be complete. Utilize primary saline to flush line. Observe patient x 30 minutes. After 30 minute observation, obtain final blood pressure and pulse. If no significant change, patient may be discharged.

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd

Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.

☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd

		Interval	Defer Until	Duration
	No details available for preview			
☑	Oxygen Therapy -	PRN	S	Until discont'd
	Clinic Performed, Status: Future, Expected: S, Expires: S+396 Start for any grade of reaction. O2 Delivery Method: Nasal cannula Titrate to saturation of: 92% Indications of O2: Other (see comments)			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Once as needed, Hypersensitivity reaction, Starting when released Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.			
☑	Start for any grade of reaction. diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution. Give for Grade III - SEVERE/Anaphylaxis Symptoms.			