



# NATIONWIDE CHILDREN'S

*When your child needs a hospital, everything matters.™*

**REMICADE (infliximab) or INFLECTRA (infliximab-dyyb)**

**REFERRAL FORM (Rheumatology)** NCH Homecare Infusion Pharmacy

PATIENT IDENTIFICATION

Telephone: 614-355-1100 Fax: 614-355-1182

## Section 1: Patient Information

Patient name (Last, First): \_\_\_\_\_ MRN \_\_\_\_\_ Sex (circle one) M / F

DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies: \_\_\_\_\_

Diagnosis \_\_\_\_\_

ICD10 Code \_\_\_\_\_

Initiate therapy in home between (dates): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

### TB status:

- ☐ PPD (-) date \_\_\_\_\_ ☐ Active TB  
☐ Quantiferon (-) date \_\_\_\_\_  
☐ Last CXR date: \_\_\_\_\_ ☐ Unknown  
 If (+) TB, treatment course taken: \_\_\_\_\_

## Section 2: Ordering Information (must be signed by physician only)

### Pre-Medications: (Oral medications to be supplied by family)

Administer 30 minutes prior to infusion (if not given by family at home prior to visit)

- ☐ Acetaminophen PO x1: ☐ 325mg ☐ 500mg ☐ 650mg ☐ 10mg/kg (max 650 mg)  
☐ Diphenhydramine PO x1: ☐ 12.5mg ☐ 25mg ☐ 50mg ☐ Other \_\_\_\_\_

### Prn Medications: (Oral medications to be supplied by family)

- ☐ Ondansetron (Zofran) PO q8 hours prn nausea pre- and post- infusion ☐ 4mg ☐ 8mg  
☐ Ibuprofen PO q6 hours prn pain/headache ☐ 400 mg ☐ 600mg ☐ Other \_\_\_\_\_

### Infusion Medication:

- ☐ Remicade (infliximab) 100mg Vial(s) OR ☐ Inflectra (infliximab-dyyb) 100mg Vial(s) : Dispense doses to nearest 10mg (+/- 10%):  
☐ 5mg/kg/dose ☐ 10mg/kg/dose ☐ Other: \_\_\_\_\_ mg/kg .

Dose to be further diluted in NS to final volume of 250mL. Infuse IV every \_\_\_\_\_ weeks via infusion pump.

Refills \_\_\_\_\_ doses (6 month max duration) Initiate in home therapy on Date: \_\_\_\_\_ (initial dose only)

#### ☐ STANDARD INFUSION

- Start infusion at 10mL/hr x 15 minutes
- If tolerated, increase to 20mL/hr x 15 minutes
- If tolerated, increase to 40mL/hr x 15 minutes
- If tolerated, increase to 80mL/hr x 15 minutes
- If tolerated, increase to 150mL/hr for the remainder of the infusion

#### ☐ RAPID INFUSION

- Start infusion at 100mL/hr x 15 minutes
- If tolerated, increase to 300 mL/hr for the remainder of the infusion

### Catheter Care: Line type: ☐ Peripheral line ☐ Implanted port ☐ PICC ☐ Broviac ☐ Other: \_\_\_\_\_

☐ Lidocaine 4% Cream (L-M-X) 30 gm tube. Apply as directed and as needed prior to peripheral or implanted port access.

☐ 0.9% NaCl 10ml syringe: Flush line with 10ml for implanted ports or 3-5 ml for other IV lines before and after Remicade and as needed. At the completion of the infusion, add 20ml of 0.9% NaCl to the bag to deliver the dose remaining in the container/tubing at the current infusion rate.

☐ Heparin 100 units/ml: Flush line with 2ml after infusion for CVC and with 3ml after infusion for implanted ports.

### Administration Orders:

1. Assess patient for any signs of acute illness (ie: fever, cough, flu-like symptoms...) if present, call the on-call Rheumatologist to determine if the infusion should be rescheduled.
2. RN to weigh patient in home prior to start of infusion. If weight is not within 5% of dosing weight (see Remicade medication label), RN to contact NCH Homecare RPh for dosing adjustment instructions.
3. Start peripheral IV or access central line prior to Remicade infusion.
4. Monitor vital signs (temperature, pulse, respirations, and blood pressure) prior to Remicade infusion, after start of infusion, and after end of infusion. For rapid infusions, add a set of vital signs when increasing rate from 100mL/hr to 300 mL/hr.
5. Homecare to follow up with Rheumatology service via email (preferred) or fax at the completion of the infusion to confirm infusion given and tolerated **or** in the event that patient misses doses and/or scheduled visit.

### Emergency Management:

1. Homecare RN must stop the infusion in the event of an infusion reaction, regardless if the reaction is mild or severe. If reaction is mild, **1st** page the ordering Rheumatologist (pager= \_\_\_\_\_), **2nd** (if no response after 5min) call the Physician Direct Connect line (877-355-0221) to page on-call doctor, and **3rd** page Section Chiefs Dr. Stacy Ardoin (pager 614-346-6791) or Dr. Sharon Bout-Tabaku (614-690-0079). The doctor will instruct the RN which, if any, emergency medications to give.
2. If the patient has an anaphylactic reaction the RN must stop the infusion and call 911. If the reaction is life-threatening, the RN should administer Epinephrine per dosing below. After patient is stable, or EMT has arrived, call Rheumatologist on call.  
**\*\* It is important to note that the strongest indicator of an impending infusion reaction is the patient's general sense of dysphoria\*\***
3. Call the MD on call through PCTC and ask for the doctor to be paged for an "urgent infusion reaction" for:
  - a. Temp greater than 38C
  - b. HR greater than 110bpm or less than 50bpm
  - c. RR greater than 32/min or less than 12/min
  - d. Diastolic BP greater than 95mmHg or less than 55mmHg
4. Other: \_\_\_\_\_

PATIENT IDENTIFICATION

**MEDICATIONS TO HAVE READILY AVAILABLE** (to be given by infusion nurse in the event of signs/symptoms of an anaphylactic reaction)

- ☐ Epinephrine 1:1000 (1 mg/mL) ampule #1 Sig: If wt  $\geq$  30 kg, Inject 0.3 mg (0.3 mL) IM x 1, If wt < 30 kg, Inject 0.01 mg/kg IM x 1
- ☐ Diphenhydramine 50 mg/1 mL vial # 1 Sig: Inject 25 mg (or 1 mg/kg if < 25 kg) IVP over 3 minutes x 1
- ☐ Methylprednisolone SS [Solu-MEDROL] 40 mg/1 mL act-o-vial #1 Sig: Inject 40 mg IVP (or 1 mg/kg if <40 kg) over 3 minutes x 1

**Labs:** ☐ CBC w/diff q\_\_\_ weeks ☐ ESR/CRP q\_\_\_ weeks ☐ Complete Metabolic panel q\_\_\_ weeks ☐ Urinalysis q\_\_\_ weeks

☐ Hepatic function panel q\_\_\_ weeks ☐ AST/ALT q\_\_\_ weeks ☐ Lipid panel q\_\_\_ weeks

☐ Other \_\_\_\_\_

**Ordering Physician (print):** \_\_\_\_\_ **(signature):** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_ Rheumatology Clinic Main Campus, 700 Children's Drive, Columbus, OH 43205 Phone: (614)722-5525