



Prescriber Signature: \_

## Remicade (Infliximab) Patient Referral and Prescription Sheet

			Dations	Information						
Patient Name: Date:										
DOB:								☐ inches ☐	inahaa 🗖 am	
Allergies:								□ lbs □ kg		
Allergies.		-								
			Prima ICD-10	ry Diagnosis					I	
Diagnosis	Diagnosis					ICD-10				
☐ Crohn's Disease of small intestine without complications K50.0									K50.10	
☐ Crohn's Disease, unspecified without complications K50.90				☐ Ulcerative Chronic pancolitis without complications K51.0					K51.00	
☐ Plaque Psoriasis L40.0				☐ Psoriatic Psoriasis L40.5.					L40.52	
☐ Rheumatoid arthritis, unspecified				☐ Ankylosing	☐ Ankylosing Spondylitis M45.9					
☐ Ulcerative Colitis	☐ Other									
			Medi	cation Order						
☐ Remicade	☐ Renflexis	☐ Avsola	☐ Infliximab	☐ Inflectra		Zymfentra	☐ Refi	lls x one year		
Dosing: ☐ Initiation: Admin ☐ Maintenance: Ad ☐ Round to the nea ☐ 120mg SC every	y weeks	protocol	from date of signature unless indicated below							
□ Other										
Nursing Orders  Skilled nursing visit for clinical assessment, administration of medication. Initiate plan of treatment for ongoing nursing services. Insert or access and maintain access device as indicated in Ancillary Orders. Remove peripheral IV or access from implanted VAD when infusion is completed.										
			Ancil	lary Orders						
Pre-medications:  ☐ Diphenhydramin ☐ Acetaminophen: ☐ Famotidine: 20 m ☐ Other pre-meds: ☐ Refill x one year	650mg PO 30 mi ng PO x1 dose	n pre-infusion		IV Flush Order  Peripheral: Implanted V lab draw. He CVAD: NS 5	NS 1-3 n /AD: NS eparin (1 to 10 m ) units/m	nL before/after uso 5 to 10 mL before, 100 unit/mL) 3 to 5 L before/after use nL) 3 to 5 mL final i	/after us 5 mL fina and 10 r	ıl flush		
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Date: \_\_\_