



Prescriber Signature: _

Remicade (Infliximab) Patient Referral and Prescription Sheet

Patient Information								
Patient Name: Date:								
DOB:						Height: inches		cm
Allergies:						Weight:		
		Diagnosis						
Primary Diagnosis Diagnosis ICD-10 Diagnosis								ICD-10
☐ Crohn's Disease of	of small intestine	without complication		_	☐ Crohn's Disease of large intestine without complications K50.10			
☐ Crohn's Disease,		· · · · · · · · · · · · · · · · · · ·	K50.90				K51.00	
☐ Plaque Psoriasis			L40.0	□ Psoriatic Psoriasis L40.52				L40.52
☐ Rheumatoid arth		M06.9	☐ Ankylosing Spondylitis M45.9			M45.9		
☐ Ulcerative Colitis	nout complications	K51.90	☐ Other					
Medication Order								
☐ Remicade	☐ Renflexis	☐ Avsola	☐ Infliximab	☐ Inflectra	☐ Zymfentra ☐ Refills x one year			
Dosing: ☐ Initiation: Administer mg/kg IV over at least two hours at weeks 0, 2 and 6 per protocol ☐ Maintenance: Administer mg/kg IV over minutes every weeks ☐ Round to the nearest 100mg vial size OR exact dose of: mg ☐ 120mg SC every 2 weeks ☐ Refills							ature unless cated 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.								
Ancillary Orders								
Pre-medications: ☐ Diphenhydramine: 25mg PO 30 min pre-infusion ☐ Acetaminophen: 650mg PO 30 min pre-infusion ☐ Famotidine: 20 mg PO x1 dose ☐ Other pre-meds: ☐ Refill x one year				IV Flush Orders: □ Peripheral: NS 1-3 mL before/after use □ Implanted VAD: NS 5 to 10 mL before/after use and 10 mL postlab draw. Heparin (100 unit/mL) 3 to 5 mL final flush □ CVAD: NS 5 to 10 mL before/after use and 10 mL postlab draw Heparin (10 units/mL) 3 to 5 mL final flush □ Refill x one year				
☐ Other pre-meds:				CVAD: NS 5 to Heparin (10 ur	10 mL before/after use nits/mL) 3 to 5 mL final	and 10 n	l flush	
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Date: ___