



PHYSICIAN ORDER SET :
INFLIXIMAB OPHTHALMOLOGY

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Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained

Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every 2 weeks		3 treatments
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) oral 50 mg 50 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every 2 weeks		3 treatments
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 100 mg 100 mg, Intravenous, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every 2 weeks		3 treatments

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> inFLIXimab (REMICADE) infusion 5 mg/kg 5 mg/kg, Intravenous, for 6 Hours, Once, Starting H, For 1 Doses <i>Load Dose: Infuse 10 mL/hour x 15 minutes; 20 mL/hour x 15 minutes; 40 mL/hour x 15 minutes; 80 mL/hour x 15 minutes; 150 mL/hour x 30 minutes; 250 mL/hour until the infusion is complete. Follow your institutional guidelines for titration and duration of infusion. Use an in-line, sterile, non-pyrogenic, low protein-binding filter of 1.2 micron or LESS.</i>	Treatments: 1		Until discont'd



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Medications (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> inFLIXimab (REMICADE) infusion 5 mg/kg	Treatments: 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25		Until discont'd
5 mg/kg, Intravenous, for 6 Hours, Once, Starting H, For 1 Doses <i>Maintenance Dose: Infuse 125 mL/hour over 2 hours on pump. Follow your institutional guidelines for titration and duration of infusion. Use an in-line, sterile, non-pyrogenic, low protein-binding filter of 1.2 micron or LESS.</i>			

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC	Every 2 weeks		3 treatments
Routine, Once, Starting S For 1 Occurrences, CBC includes: HCT, HGB, WBC, RBC, MCV, MCH, MCHC, PLT.			
<input type="checkbox"/> Alanine aminotransferase (ALT)	Every 2 weeks		3 treatments
Routine, Once, Starting S For 1 Occurrences			
<input type="checkbox"/> Aspartate aminotransferase (AST)	Every 2 weeks		3 treatments
Routine, Once, Starting S For 1 Occurrences			
<input type="checkbox"/> Sedimentation rate (ESR)	Every 2 weeks		3 treatments
Routine, Once, Starting S For 1 Occurrences			
<input type="checkbox"/> C-Reactive Protein	Every 2 weeks		3 treatments
Routine, Once, Starting S For 1 Occurrences			

Catheter management

	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access	PRN		Until discont'd
Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>			
<input type="checkbox"/> alteplase (CATHFLO) 1 mg/mL injection 2 mg	PRN		Until discont'd
2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen, Starting S			
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream	PRN		Until discont'd
Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S			
<input type="checkbox"/> heparin 100 units/mL flush 5 mL	PRN		Until discont'd
5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S			
<input type="checkbox"/> heparin 10 units/mL flush 3 mL	PRN		Until discont'd
3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S			
<input type="checkbox"/> heparin 10 units/mL flush 5 mL	PRN		Until discont'd
5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S			
<input type="checkbox"/> heparin 1000 units/mL flush 2 mL	PRN		Until discont'd
2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S			



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Catheter management (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd

Emergency Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
<input type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i>	PRN		Until discont'd
<input type="checkbox"/> Tryptase STAT, Once, Starting S For 1 Occurrences <i>Collect for mild-moderate, or SEVERE reaction</i>	PRN		Until discont'd

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> diphenhydramine (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S	PRN		Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> cetirizine (Zyrtec) tablet 10-20 mg 10-20 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i>	PRN		Until discont'd



(Patient Sticker)

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Hypersensitivity (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 90-180 mg 90-180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i>	PRN		Until discont'd
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> ondansetron (ZOFRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd
<input type="checkbox"/> meperidine (DEMEROL) injection 25 mg 25 mg, Intravenous, Once as needed, rigors, Starting S, For 1 Doses	PRN		Until discont'd

version 8/25/2017