



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the x to remove the pre-checked option.

INFLIXIMAB OR BIOSIMILARS - INITIATION DOSES (0 , 2, & 6 WEEKS) [11500955] Columbia Network Infusion Centers

Select Location: ☐ Southwest/Vancouver ☐ St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- ☒ I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Pre-Screening Labs

- ☒ Provider Communication
Provider to send PPD/Tuberculosis screening and Hep B screening lab results with completed orders.

Labs

Interval

- ☐ Complete Blood Count W/ Automated Differential Frequency _____
- ☐ Comprehensive Metabolic Panel Frequency _____

Pre-Medications

Interval

- ☐ acetaminophen (TYLENOL) tablet 650 mg Every Visit Route: Oral
- ☐ loratadine (CLARITIN) tablet 10 mg Every Visit Route: Oral
- ☐ diphenhydramine (BENADRYL) capsule 25 mg Every Visit Route: Oral
- ☐ methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 40 mg Every Visit Route: IV

Supportive Care

Interval

PLEASE SELECT (AND OBTAIN INSURANCE AUTHORIZATION IF REQUIRED) FOR ONE OF THE PEACEHEALTH PREFERRED AGENTS BELOW. THEY ARE LISTED IN ORDER OF PREFERENCE.

- ☐ INFLIXIMAB IVPB (REMICADE) Route: IV
Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.
Dose _____ Frequency _____
- ☐ INFLIXIMAB-ABDA IVPB (RENFLEXIS) Route: IV
Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.
Dose _____ Frequency _____
- ☐ INFLIXIMAB-AXXQ IVPB (AVSOLA) Route: IV
Infuse 10ml/hr x15min; then 20ml/hr x15min; then 40ml/hr x15min; then 80ml/hr x15min; then 150ml/hr x15min; then max 250ml/hr until done.
Dose _____ Frequency _____

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

Page 1 of 3

EHR2028-DT (09/18/2025)

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Nursing Orders**Interval**

- ☒ Nursing Communication Every Visit
Assess patients' vital signs prior to the infliximab infusion, before each rate increase, and 30 minutes following the infusion. Observe patient 30 minutes after completion of infusion.,

Vascular Access (single select)**Interval**

- ☐ IV Every Visit
- Insert peripheral IV
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care
- ☐ Central line (non-PICC) Every Visit
- Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- ☐ PICC line Every Visit
- Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications**Interval**

- ☐ sodium chloride (NS) flush 10 mL PRN Route: IV
10 mL As Needed for Line Care
- ☐ sodium chloride 0.9 % bolus 500 mL PRN Route: IV
500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

Page 2 of 3

EHR2028-DT (09/18/2025)

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Emergency Medications**Interval**

- | | | | |
|----------|--|-----|----------------------|
| X | diphenhydrAMINE (BENADRYL) injection 25-50 mg
<i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.</i> | PRN | Route: IV |
| X | albuterol 90 mcg/actuation inhaler 2 puff
<i>2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i> | PRN | Route: Inhalation |
| X | methyIPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg
<i>125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i> | PRN | Route: IV |
| X | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg
<i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (\geq 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.</i> | PRN | Route: Intramuscular |

Provider Signature

Date

Time

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Page 3 of 3

EHR2028-DT (09/18/2025)

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