



# Inflectra Infusion Orders

(infliximab-dyyb)

**Please fax the following documentation to 858 764-9765:**

- Demographics
- Insurance information
- H&P relevant to diagnosis
- Current lab results
- current medication and allergy list

**Patient information:**

Date: \_\_\_\_\_ Patient Name/DOB \_\_\_\_\_

ICD10 CODE \_\_\_\_\_ Diagnosis \_\_\_\_\_

Weight \_\_\_\_\_ lbs/kg                      Height \_\_\_\_\_

Allergies \_\_\_\_\_

**Prescriber information:**

Prescriber Name/NPI \_\_\_\_\_

Office Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ fax # \_\_\_\_\_

**Next Infusion Date** \_\_\_\_\_

**Pre-Medications:**

- Acetaminophen 650mg PO
- Diphenhydramine 25mg
- Zyrtec/Claritin 10mg PO

**Inflectra (infliximab-dyyb) IV Dosing**

- 3mg/kg
- 5mg/kg
- 7.5mg/kg
- 10mg/kg
- ok to round to nearest 100mg

**Frequency:**

- initial dose at 0, 2, 6 weeks, **then**
- Q 4 weeks
- Q 6 weeks
- Q 8 weeks

Prescriber Signature \_\_\_\_\_

**PRN meds administered per San Diego Infusion Center Protocol**

- Diphenhydramine 50mg IV
- Solu-Medrol 125mg IV
- Normal Saline Bolus 500mls IV

Prescriber Signature \_\_\_\_\_

