**Elective Admission for IV Remicade (Infliximab) -** DMOP **Rheumatology**

\* Brand specific prescription (see reverse)

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| Surname | Date of birth | NHS number | Allergies |
| First name | Address |
| Hospital number | Date | Consultant |
| Completed by |

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| Baseline Blood Results – within last 60 days Date: |
| WCC  | 10-9L( 3.7 - 11.0 ) | CRP | mg/L(<10) | ALT  | U/L(F<31/M<41) |
| Neut  | 10-9L( 1.7 - 7.5 ) | Na | mmol/L(133 - 146 ) | ALP  | U/L(30 - 130 ) |
| Lymph  | 10-9L( 1.0 - 4.5 ) | K | mmol/L(3.5 - 5.3 ) | GGT | U/L (F<50/M<60) |
| Hb  | g/L( F115 -165/M130-180 ) | Urea  | mmol/L(2.5 - 7.8 ) | Bili | µmol/L(1-21) |
| Plt | 10-9L (150 - 450 ) | eGFR  | mL/min(>60) | Chol | mmol/L(<4.0)Date: |
| BP | mmHg | Pulse |  | Temp | ⁰ C |

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| Diagnosis:  | Infusion: 1st /2nd / 3rd/ ongoing therapy Date of last infusion: |
| Current Medication – (should be taking methotrexate if RA) |

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| **Pre-infusion checklist** (**🗸 / 🗴) - THIS SECTION MUST BE COMPLETED BEFORE PRESCRIBING INFLIXIMAB** |
| No recent contact with or signs/symptoms of infection on day of infusion  |  | Baseline haemodynamics in normal range (systolic >100mmHg) |  |
| Issued with an alert card |  | Counselled to present with signs of bloods disorders/infections |  |
| Correct time of administration (is drug due?) |  | Correct brand of infliximab prescribed |  |
| **Read WHOLE of last clinic letter & subsequent relevant letters** |  | Confirm that infliximab has not been stopped since last infusion |  |

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| **Remicade (Infliximab) IV Infusion in 250mL sodium chloride 0.9%**Via an in-line filter 0.2 microns, to be infused over 125 minutes (2mL/minute) |
| Dose prescribed: 3mg/kg 🗌 (RA) 5mg/kg 🗌 (AS,PA) \_\_\_mg/kg 🗌 (up to 7.5mg/kg occasionally if poor response in RA, see BNF for specific guidance )Doses can be rounded to nearest vial (100mg) provided rounded figure not exceed 10% of the dose  |
| Weight Kg | Dosemg | Date | Prescribers signatureBleep no: |
| Administered by | Checked by | Date  | Time | Batch number | Pharm |

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| Sodium chloride 0.9% IV  |
| 5 – 10ml flush | Date | Prescribers signature |
| Administered by | Checked by | Date and Time administered |
| 50ml line flush (first 30mL at 2mL/min) | Date | Prescribers signature |
| Administered by | Checked by | Date and Time administered |

**FAX THIS SIDE OF THE PROFORMA TO ASEPTICS 5816 & CALL 5488 TO CONFIRM RECEIPT**

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| **Patient’s name** | **Unit no.** |
| **D.o.B.** | **NHS no.** |

\* Note that infliximab must be prescribed by brand – please check which brand the patient has previously received and ensure they receive the same brand each time. The brand of infliximab used must be documented on the discharge prescription. Patients may only switch brand if specified by their Rheumatology Consultant.

Additional Comments

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| **Patient’s name** | **Unit no.** |
| **D.o.B.** | **NHS no.** |

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| **Monitoring** | **Infuse over 125 minutes via in-line filter of 1.2 microns or less** |
|  | **Start** | **30 min** | **1 hr** | **1½ hrs**  | **2 hrs** | **2½ hrs** | **3hrs** | **3½hrs** | **4hrs** |
| **Time** |  |  |  |  |  |  |  |  |  |
| **Resps** |  |  |  |  |  |  |  |  |  |
| **Sp02** |  |  |  |  |  |  |  |  |  |
| **BP** |  |  |  |  |  |  |  |  |  |
| **Pulse** |  |  |  |  |  |  |  |  |  |
| **Temp** |  |  |  |  |  |  |  |  |  |
| **AVPU** |  |  |  |  |  |  |  |  |  |
| **Urine** |  |  |  |  |  |  |  |  |  |
| **Sig.** |  |  |  |  |  |  |  |  |  |

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| **Post-infusion Checklist** | **Yes** | **No** |
| **Cannula removed and site free from erythema?** |  |  |
| **Patient given Remicade (infliximab) alert card?** |  |  |
| **Patient advised to contact GP if suspects infusion reaction (NB can occur up to 10 days post infusion)?** |  |  |

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| **Nursing staff caring for patient****Signed:.,……………………………………………………….****Print:…………………………………………………………..****Date:……………………………………** |

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| **Patient’s name** | **Unit no.** |
| **D.o.B.** | **NHS no.** |

**Nursing Notes**

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| **Date & Time** | **Notes** | **Nurse’s sig.** |
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