

FAX

To: Upstate HomeCare Intake

Fax#: (315) 580-4297

Patient Name:

Date of Birth:

Allergies:

Referral Checklist - Please Attach the Following

Demographics/Insurance

H&P/Progress Notes/Labs/Medication Profile

Diagnosis Information / Medical Assessment

Diagnosis: Crohn's Disease Ulcerative Colitis Other _____

Has patient received at least 6 infusions - 3 inductions & 3 maintenance? Yes No

Has patient received a PPD (tuberculosis) Skin Test or QuantiFeron TB GOLD Test? Yes No Results: _____
Prior to initiating treatment and periodically during therapy, patient should be evaluated for active tuberculosis and tested for latent infection.

Prescription Information

1. Assess patient for signs/symptoms of infection; notify MD if present prior to proceeding
2. Obtain baseline vital signs (Temp, HR, RR, BP, Pain Score, Hgt, Wgt)
3. Establish Intravenous Access (Peripheral IV) unless patient already has a line (PICC)

4. Pre-Infusion Labs: CBC w/differential ESR CMP CRP Quantiferon Gold Other: _____
Trough Infliximab Level: _____ prior to _____ dose on _____

5. Medication: **Infliximab (Remicade) 100mg vial** **Inflectra 100mg vial** **Renflexis 100mg vial** **Vedolizumab 300mg vial**
Wgt: _____ Dose: _____ mg/Kg _____ mg IV q _____ x 1 year Round off to finish 100mg vial-maximum dose: 10mg/Kg
Rapid Infusion (60 minutes) Standard Infusion (120 minutes) 30 minutes - Vedolizumab only

Flushing

Flush with 3-5mL of Sodium Chloride 0.9% (10mL flush) Qty: 30mL Refills: _____

Pre-Meds

PO: Tablets or Elixir - Patient to obtain

- Acetaminophen 650mg tablet OR Acetaminophen 160mg/5mL solution _____
(15mg/kg ONCE PO; max dose 650mg)
For oral tablets round the dose to closest 325 or 650mg
- Cetirizine (Zyrtec) 5-10mg tablet OR Cetirizine (Zyrtec) syrup (1mg/1mL) _____
Age <6 years old: Dose 5mg / Age >= 6 years old: Dose 10mg
- Diphenhydramine (Benadryl) 25-50mg tablets OR Diphenhydramine (Benadryl) 12.5mg/5mL Elixir _____
(1mg/kg ONCE PO; max dose 50mg)

Topical: Patient to Obtain & Apply

Lidocaine (LMX) 4% cream - 1 treatment
Apply 1 dollop topically to site prior to IV insertion

IV: Optional based on clinical scenario

- Diphenhydramine 50mg/mL - 1mL vial Qty #1
(1.25mg/kg IV; max dose 50mg) _____
Weight <40 kg: Give 1.25mg/kg / Weight >= 40 kg: Give 50mg
- Methylprednisolone 40mg vial Qty #1
(1mg/kg/dose IV; max dose of 40mg) _____
Weight <40 kg: Give 1.25mg/kg / Weight >= 40 kg: Give 50mg
- Hydration - 250mL Bag Sodium Chloride 0.9% @ 50mL/hr Qty #1 _____

Anaphylactic Orders:

- Methylprednisolone 40mg Qty #1
(1mg/kg/dose IV; max dose of 40mg)
Weight <40 kg: Give 1mg/kg / Weight >= 40 kg: Give 40mg
- Diphenhydramine 50mg/mL - 1mL vial Qty #1
(1.25mg/kg IV; max dose 50mg)
Weight <40 kg: Give 1.25mg/kg / Weight >= 40 kg: Give 50mg
- IM Epinephrine [1mg/mL preparation = 1:1000] 1mL vial Qty #1
Give 0.01 mg/kg/dose; IM in mid-outer thigh; may repeat every 5 min for 3 doses
Weight <30 kg: Give 0.01mg/kg/dose / Weight >= 30 kg: Adult dose = 0.3mg = 0.3mL
- 250mL Bag Sodium Chloride 0.9 % (20mL/kg) Qty #1
Weight <50 kg: Give 20mL/kg IV bolus / Weight >= 50 kg: Give 1000mL IV bolus

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Monitoring:

1. Monitor patients vital signs and tolerance every 15-30 minutes. Watch for fever, chills, pruritis, chest pain, BP changes or dyspnea.
 - a. Check blood pressure, pulse, temperature every 15 min for the first hr then every 30 min until infusion is completed.
 - b. Hold infusion and notify MD if patient develops fever, chills, rash, hives, or itching.
 - c. Hold infusion and notify MD if signs and symptoms of hypersensitivity occur: urticaria, dyspnea, hypotension, fever, rash, headache, sore throat, myalgia, polyarthralgias, hand and facial edema, dysphagia, pruritus, flushing, angioedema which may have upper airway involvement, chest discomfort, respiratory symptoms.
 - d. Follow MD's instructions and discontinue infusion for severe reactions.
 - e. Symptoms related to the method of administration: pruritus, burning, swelling at the site of venipuncture, abscess at the site of venipuncture.
 - f. Other symptoms: headache, dizziness, back pain, fatigue.
2. Observe patient for an additional 30 minutes after conclusion of infusion.
3. If vital signs are stable, discontinue IV and discharge patient.

Managing Infusion Related Events

Follow Policy Algorithm/Flow Chart

Mild Reaction:

[Hyperemia, palpitations, diaphoresis, headache, dizziness, nausea]

- Slow infusion rate to 10mL/ hour
- Call Pediatric Provider covering patient
- Monitor VS Q10 minutes until stable
- As directed by Provider: Wait 20 minutes then increase the infusion rate to:
 - 20mL/h X 15minutes
 - 40mL/h X 15 minutes
 - 80mL/h through completion

Moderate Reaction:

[Hypo/hypertension (>/= 20 points SBP), fever, shortness of breath, chest discomfort (tightening/pressure), palpitations, hives, hyperemia, urticarial]

- Stop infusion
- Call Pediatric Provider covering patient
- Administer Diphenhydramine and Methylprednisolone per infusion reaction protocol/anaphylactic orders
- Monitor VS Q5 minutes until stable
- Wait 20 minutes then re-start the infusion @:
 - 10mL/h X15 minutes
 - 20mL/h X15minutes
 - 40mL/h X15 minutes
 - 80mL/h through completion

Severe Reaction:

[Anaphylaxis, significant Hypo/hypertension (>/= 40 points SBP), fever with rigors, hyperemia, chest discomfort (tightening, pressure), significant SOB, stridor]

- Stop infusion
- Infuse NS and administer emergency medications (Diphenhydramine, Methylprednisolone and Epinephrine if needed) per infusion reaction protocol/anaphylactic orders
- Call Pediatric Provider covering patient
- Place patient supine with feet elevated
- Monitor vital signs at least every 3-5 minutes until stable
- Call 911 if Epinephrine given

Patient Education

Educate patient on possible side effects, allergic reactions, delayed allergic reactions and when to contact MD.

- a. Most common side effects: respiratory infections, such as sinus infection and sore throat, headache, rash, coughing, stomach pain
- b. Educate patient to contact MD with the following allergic reactions (may occur during or shortly after infusion): hives, difficulty breathing, chest pain, high or low BP, fever, chills.
- c. Educate patient about signs and symptoms of delayed allergic reactions which may occur 3 to 12 days after receiving infusion and notifying MD immediately if following occur: fever, rash, headache, sore throat, muscle or joint pain, swelling of the face and hands, difficulty swallowing.

E-scribe: Upstate HomeCare

Dispense as Written Substitution Permissible

Ordering Provider:

NPI#:

Provider Signature:

Date:

By signing this form, you, as the following physician are authorizing an Upstate HomeCare Pharmacist to transcribe the above order into verbal orders.

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