Upstate HomeCare
The Best for Getting Better

TNF Blocker Infusion Referral Intake Form

Phone: (877) 286-0800 x 6018
Fax: (315) 580-4297

FAX

To: Upstate HomeCare Intake **Fax#:** (315) 580-4297

From: (Name) (Location) (Phone#)

RE: New Referral **Pages:**

Patient Name: **Date of Birth:**

Referral Checklist - Please Attach the Following

Demographics/Insurance **H&P/Progress Notes/Labs**

Referral Information

Diagnosis: **Allergies:** Height: Weight:

Previous TNF Therapy: **No** **Yes** **If Yes:** **Dose:** **Last Received:**

Therapy Ordered

Remicade®	100 mg Vial	Dose:________mg	Initiation - Infuse 5mg/kg at Weeks 0, 2 & 6 Maintenance - Infuse 5mg/kg every 8 weeks
Inflectra®	100 mg Vial	Dose:________mg	Initiation - Infuse 5mg/kg at Weeks 0, 2 & 6 Maintenance - Infuse 5mg/kg every 8 weeks
Simponi ARIA®	50 mg/4 mL Vial	Dose:________mg	Initiation - Infuse 2mg/kg at Weeks 0, 4 Maintenance - Infuse 2mg/kg every 8 weeks

Flushing

- ☐ Sodium Chloride 10mL Flushes (Use as directed #3 with 11 refills)

Pre-Meds

PO - Patient to obtain

- ☐ Prednisone 50mg po
- ☐ Acetaminophen 650mg po
- ☐ Diphenhydramine 25-50mg po

IVP

- ☐ Hydration - 250mL NaCl 0.9% @ 50mL/hr Qty #1
- ☐ Diphenhydramine - 25mg IVP x 1 dose - 50mg/mL 1mL Vial Qty #1
- ☐ Methylprednisolone - 40mg IVP @ 5-10 minutes Qty #1

Anaphylactic Orders:

- ☐ Epinephrine 1mg/mL 1mL Vial Qty #1 (Use in the event of an anaphylactic reaction. Adult dose = 0.3mL intramuscularly)
- ☐ Diphenhydramine 50mg/mL 1mL Vial Qty #1 (Use intramuscularly in the event of an anaphylactic reaction.
- ☐ Sodium Cl 0.9% 250mL Bag Qty #1 (Use in the event of an anaphylactic reaction.)

Pre-Infusion Labs:

AST ALT Alk Phos Tbili Albumin Lytes BUN SrCr CBC w/differential CBC w/out differential

Other: ________________________ Labs due: Prior to Infusion Other: ________________________

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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