



fraserhealth

Regional Pre-Printed Orders for inFLIXimab Inpatients and Outpatients – Adult



Form ID: DRDO107532A

New: December 16, 2021

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DRUG & FOOD ALLERGIES

- Mandatory Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

• Weight: _____ kg

inFLIXimab MONITORING:

- Blood pressure, pulse and temperature prior to and every 30 minutes until 1 hour post infusion
- Assess patient for signs of adverse reactions every 30 minutes during and 1 hour after infusion
- Adverse reactions include headache, vasodilatation, flushing, pruritus, rash, hives, respiratory distress, swelling of lips or larynx, hypotension, abdominal pain, hypoxemia, and flu-like symptoms

PRE-MEDICATIONS:

Give the following medications 15 to 30 minutes prior to inFLIXimab infusion

- diphenhydrAMINE** 25 to 50 mg PO/IV x 1 dose
- acetaminophen** 1000 mg PO x 1 dose
- hydrocortisone** 100 mg IV x 1 dose for history of severe reaction only
- dimenhyDRINATE** 25 to 50 mg PO/IV x 1 dose
- loratadine** 10 mg PO daily for 3 days prior to infusion, on day of infusion, and for 3 days post infusion. Consider in cases where patients had a delayed reaction defined as 2 to 14 days after past inFLIXimab infusion. Prescriber to provide instructions to outpatients.

SOLE FORMULARY INDICATION:

inFLIXimab is restricted to treatment of severe immune-mediated enterocolitis associated with check-point inhibitors unresponsive to steroid therapy. Select if this criteria is satisfied:

Specify brand (brands are non-interchangeable):

inFLIXimab (INFLECTRA) 5 mg/kg, equal to _____ mg IV x 1 dose on _____ (date)

OR

inFLIXimab (RENFLEXIS) 5 mg/kg, equal to _____ mg IV X 1 dose on _____ (date)

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name	College ID#



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- **Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

NON-FORMULARY USE:

- Specify indication: _____
- Specify brand (brands are non-interchangeable): _____
- inFLIXimab** _____ mg/kg, equal to _____ mg IV
 - at 0, 2 and 6 weeks then every 8 weeks
start date: _____ end date: _____
 - *OR*
 - at a frequency of _____ x _____ (doses) starting _____ (date)

inFLIXimab INFUSION INSTRUCTIONS:

- Due to the potential hazards of parenteral administration, refer to the Parenteral Therapy Drug Manual for approved infusion rate instructions and options for rate changes in specific clinical situations.

inFLIXimab INFUSION REACTIONS:

For mild reactions with no respiratory or vascular instability

- Slow infusion to 10 mL/h or stop
- Notify prescriber
- **acetaminophen** 1000 mg PO x 1 dose for pain
- **diphenhydrAMINE** 25 to 50 mg PO/IV x 1 dose for urticaria
- Monitor vital signs Q15MIN
- If symptoms resolve, restart infusion at half previous rate and slowly increase

For severe reactions with anaphylaxis, vascular instability, SBP less than 90 mmHg, SBP decrease of 30% from baseline, and/or rigors

- Stop infusion
- Notify prescriber
- **epinephrine** 0.5 mg IM to anterolateral thigh Q5MIN PRN x 3 doses for anaphylaxis
- **hydrocortisone** 200 mg IV PRN x 1 dose for anaphylaxis or urticaria
- **salbutamol** 5 mg via nebulizer Q20MIN PRN *OR* **salbutamol** 200 mcg (2 puffs) inhaled Q20MIN PRN for respiratory wheeze
- Maintain airway, give oxygen by mask at 8 to 10 L/min
- Infuse sodium chloride 0.9% at 250 to 500 mL/h
- Monitor vital signs Q2 to 5MIN until within normal limits
- Monitor patient for a minimum of 4 hours

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name	College ID#