

(infliximab-dyyb)

INFLECTRA infusion orders



Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Crohn's Disease

Psoriatic Arthritis

Ulcerative Colitis

Plaque Psoriasis

Ankylosing Spondylitis

PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

INFLECTRA ORDERS

DOSAGE		PATIENT WEIGHT
mg/kg	<i>weight-based</i>	lbs.
mg	<i>flat-dosed</i>	kg
FREQUENCY		
every 0,2,6, and every 8 weeks (<i>induction</i>)		
every	weeks	

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax