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Oklahoma City, OK 73114
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FlexCareInfusion.com

Please fax completed referral form to Flexcare:
(888) 219-8102

Your Infusion Specialist Field Contact: Cam Jones,
(443) 221-9233

REMICADE INFUSION THERAPY REFERRAL FORM

PATIENT DEMOGRAPHICS:

PATIENT NAME: ____
PREFERRED CONTACT #: ____
DATE OF REFERRAL: ____
SECONDARY CONTACT #: ____
SOCIAL SECURITY NUMBER: ____
ADDRESS: ____
DATE OF BIRTH: ____
CITY, STATE, ZIP: ____

PRIMARY DIAGNOSIS:

ICD-IO CODE:
- ☐ Chrohn's Disease ICD- 10: ____
- ☐ Ulcerative Colitis ICD- 10: ____
- ☐ Rheumatoid Arthritis ICD- 10: ____
- ☐ Psoriatic Arthritis ICD- 10: ____
- ☐ Ankylosing Spondylitis ICD- 10: ____
- ☐ Plaque Psoriasis ICD- 10: ____

PATIENT INFORMATION:

ALLERGIES: ☐ NKDA
____
____

HEIGHT:____ Ft ____ In WEIGHT:____Lb or ____ Kg

GENDER: ☐ F ☐ M

FIRST DOSE: ☐ Y ☐ N
DATE OF LAST INFUSION: ____
NEXT DOSE DUE BY: ____
ACCESS/LINE TYPE: ☐ PIV ☐ PORT ☐ PICC ☐ MIDLINE
OTHER: ____

REQUIRED DOCUMENTATION: Please provide a copy of the following documents.

- ☑ 1. INSURANCE CARD (Front & Back)
- ☑ 2. PATIENT DEMOGRAPHICS
- ☑ 3. MOST RECENT LABS
- ☑ 4. H & P
- ☑ 5. NEGATIVE TB TEST RESULTS

PRIMARY MEDICATION ORDER:

- ☐ Remicade 3mg/kg IV at weeks 0, 2 and 6 and then every ____ weeks.
- ☐ Remicade 5mg/kg IV at weeks 0, 2 and 6 and then every ____ weeks.
- ☐ Other orders (write other or additional orders below):

If weight-based dosing, dose on the patients:
☐ ACTUAL BODY WEIGHT ☐ IDEAL BODY WEIGHT

Round up to nearest viral size?
☐ YES ☐ NO

PRN & PREMEDICATIONS:

MEDICATIONS	30 minutes prior every infusion	PRN
Acetaminophen ____ mg PO	☐	☐ PRN every ____ hours for mild or moderate infusion reaction.
Diphenhydramine ____ mg PO	☐	☐ PRN every ____ hours for mild or moderate infusion reaction.
Diphenhydramine ____ mg diluted in 10mL 0.9% NaCl slow IV push over 2-3 minutes.	☐	☐ PRN every ____ hours for mild or moderate infusion reaction.
Methylprednisolone ____ mg IV push over 5 minutes.	☐	
0.9% NaCl ____ mL to infuse over ____ minutes.	☐	

LINE USE/CARE ORDERS:

- ☐ START PIV/ACCESS CVC
- ☐ OTHER FLUSH ORDERS:
- ☐ FLUSH DEVICE PER FLEXCARE INFUSION POLICY & PROCEDURE (See Reverse Side)

____
____

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

- ☐ ADMINISTER ACUTE INFUSION AND ANAPHYLAXIS MEDICATIONS PER FLEXCARE INFUSION POLICY AND PROCEDURE (See Reverse Side)
- ☐ OTHER: (please fax other reaction orders if checking this box)

PRESCRIBER INFORMATION:

PHYSICIAN NAME: ____
PHONE: ____
OFFICE CONTACT: ____
FAX: ____
ADDRESS: ____
LICENSE #: ____
CITY, STATE, ZIP: ____
NPI: ____

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PHYSICIAN SIGNATURE: DATE:

REMICADE INFUSION THERAPY REFERRAL FORM

FLEXCARE INFUSION CENTER'S ACUTE & ANAPHYLAXIS MEDICATION PROTOCOL:

**This graph does not reflect non-medicinal interventions that are part of FlexCare's protocol, such as slowing or stopping the infusion and physician/911 notification.*

	MILD INFUSION REACTION	**MODERATE INFUSION REACTION**	**SEVERE INFUSION REACTION/ANAPHYLAXIS**
SYMPTOM CLASSIFICATION	• Flushing • Dizziness • Headache • Apprehension • Diaphoresis • Palpitations • Nasuea / Vlmiting • Pruritis	• Chest Tightness • Shortness of Breath • Hypo/hypertension (>20 mmHg Change in Systolic BP from Baseline) • Increased Temperature (>2 Degrees Fahrenheit • Urticaria	• Hypo/hypertension (>40 mmHg Change in Systolic BP from Baseline). • Increase Temperature (>2 Degrees Fahrenheit) with Rigors • Shortness of Breath with Wheezing • Laryngeal Edema • Chest Pain • Hypoxemia
TREATMENT PROTOCOL FOR ADULTS >66LBS	☒ Administer PRN medications per Physician order	☒ Administer PRN medications per Physician order	☒ Apply oxygen via ambu bag or high flow nasal canula, if vomiting. ☒ Administer 0.9% NaCl 500 mL at 125mL/hr to maintain IV access. ☒ Administer diphenhydramine 50 mg IV or IM Inject epinephrine 0.3mg/0.3 mL IM into the mid-anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. ☒ Administer 0.9%NaCl 1000mL bolus for an incomplete response to IM epinephrine. May repeat x1.
TREATMENT PROTOCOL FOR CHILDREN 33LBS - 66LBS	☒ Administer PRN medications per Physician order	☒ Administer PRN medications per Physician order	☒ Apply oxygen via ambu bag or high flow nasal canula, if vomiting. ☒ Administer 0.9% NaCl 500mL at 75mL/hr to maintain IV access. ☒ Administer diphenhydramine 1-2 mg/kg IM or slow IVP not to exceed 25 mg/min ☒ Inject epinephrine 0.15mg/0.15 mL IM into the mid-anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. ☒ Administer 0.9% NaCl bolus 20mL/kg for an incomplete response to IM epinephrine. May repeat x1.

FOR CHILDREN < 33 LBS FLEXCARE INFUSION UTILIZES THE REACTION ORDERS OBTAINED BY THE REFERRING PHYSICIAN.

FLUSHING PROTOCOLS

		FLUSHING PROTOCOL Normal Saline* *0.9% Sodium Chloride*			**LOCKING PROTOCOL Heparin Sodium**	
					10 Units/mL	*100 Units/mL*
PATIENT CLASSIFICATON	**LINE TYPE**	**PRE-ADMIN**	**POST ADMIN**	**POST LAB DRAW**	**POST NS FLUSH***	
ADULT >66 LBS	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	10 mL	10 mL		5 mL
	Peripherally Inserted Central Catheters (PICC)	5 mL	10 mL	10 mL	5 mL	
	Tunneled & non-Tunneled Catheters.	5 mL	10 mL	10 mL	5 mL	
PEDIATRIC 33 LBS - 66LBS	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	5 mL	10 mL	3 mL	
	Peripherally Inserted Central Catheter (PICC)	5 mL	5 mL	10 mL	3 mL	
	Tunneled & non-Tunneled Catheters.	5 mL	5 mL	10 mL	3 mL	

FOR CHILDREN <33 LBS, FLEXCARE INFUSION UTILIZES THE FLUSHING ORDERS OBTAINED BY THE REFERRING PHYSICIAN.

**0.9% NS will be substituted with Dextrose 5% or alternative only when indicated due to medication incompatibility with NS.*