



DOCORD

DOCTOR'S ORDER SHEET
DEPARTMENT OF INFUSION SERVICES
INTRAVENOUS InFLIXimab

Side 1 of 2

Instructions:

- 1. Do not return charts with new or changed orders to rack.
2. Mark requested orders and/or boxes if indicated.
• Pre-marked box orders will be performed unless otherwise noted.
• No conditional (dependent on the approval of another physician) medication orders will be honored.

DOCTOR'S ORDER REQUISITIONED NOTED
This order form is not valid for prescribing of controlled substances
Instructions: Fax the below information
1. Completed and signed doctor's order sheet form (please include all pages)
2. Patient demographics including insurance information
3. Once all items are reviewed ChristianaCare Infusion Services will reach out to your patient to schedule
• Phone: 302-733-1548
• Access coordinator: 302-733-1553
• Fax: 302-733-1561
Date: ___/___/___
Patient name:
DOB: ___/___/___
Allergies:
Weight [kg or lb (mark one)]: ___ Date: ___/___/___
ICD 10:
Insurance Authorization/Prior Auth number:
If no insurance authorization needed provide confirmation/reference number:
1) Pre-Medications:
A. Acetaminophen (e.g. Tylenol®) 650 mg PO once 30 minutes prior to infusion
B. DiphenhydrAMINE (e.g. Benadryl®) 50 mg PO once 30 minutes prior to infusion
C. Hydrocortisone (e.g. Solu-CORTEF®) ___ mg IV once 30 minutes prior to infusion
OR
MethylPREDNISolone (e.g. SOLU-Medrol®) ___ mg IV once 30 minutes prior to infusion
D. Other (must include medication, dose, route and frequency):
2) InFLIXimab (e.g. Remicade®)
Initial: 5 mg/kg IV on weeks 0, 2 and 6 then maintenance
Maintenance: 5 mg/kg IV every ___ weeks
Initial: ___ mg/kg IV on weeks 0, 2, and 6 then maintenance
Maintenance: ___ mg/kg every ___ weeks
Duration of order: ___ *orders will be honored for a max of 6 months*
Other (must include medication, dose, route, frequency and duration):
Note: Pharmacy to dose on actual body weight unless otherwise specified. Doses will be rounded to nearest vial size
3) Additional orders:

Signature/Title Contact phone #
Date / / Time

DOCTOR'S ORDER SHEET
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Side 2 of 2

Key:	BID - Twice daily	MD - Maintenance dose
	D5W - Dextrose 5% in water solution	mg - Milligram
	D/C - Discontinue	min - Minute
	DOB - Date of birth	mL - Milliliter
	HOH - Hard of hearing	ng - Nanogram
	hr - Hour	NPO - Nothing by mouth
	ICD - International Classification of Diseases	NS - 0.9% sodium chloride
	IM - Intramuscular	NSS - Normal saline solution
	IV - Intravenous	PCA - Patient controlled analgesia
	kg - Kilogram	PO - By mouth
	L - Left	PRN - As needed
	LD - Loading dose	R - Right
	LR - Lactated ringers	TID - Three times daily
	mcg - Microgram	X - Times