

Paediatric infliximab biosimilars admission proforma

To be completed by admitting prescriber on each occasion a patient is admitted for biosimilar infliximab treatment.

Patients Name:		Unit number:	
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Recent Bloods

Please record bloods from within the last 3 months. If no bloods within 3 months then please repeat first.

Monitoring	Normal Range		Date of result	Value	Checked (signature)
Hb	115 g/L	160 g/L			
Platelets	150 x10 ⁹ /l	400 x10 ⁹ /l			
WCC	4 x10 ⁹ /l	11 x10 ⁹ /l			
Neut	2 x10 ⁹ /l	7.5 x10 ⁹ /l			
ESR	0	10			
CRP	0	5 mg/l			
Creatinine	0	70 umol/l			
Albumin	35 g/l	50 g/l			
ALP	30 u/l	130 u/l			
ALT	0 u/l	40 u/l			

If any of the blood results are outside the normal range, refer to relevant person in escalation flow chart below to make a decision as to whether the infusion should go ahead. **This should be done before administering or deferring the infusion.**

Checklist

	Yes	No
1) Is there any history of recent infection (within the past week)?		
2) Is there any indication of ongoing infection – fever; cough; runny nose?		
3) Is there a history of adverse reactions to previous infusions of Infliximab?		
4) Is there a history of recent contact with Chickenpox or Tuberculosis?		
5) Is there any concern that the patient may be pregnant?		

If the answer to any of the above questions is yes, refer to relevant person in escalation flow chart below to make a decision as to whether the infusion should go ahead. **This should be done before administering or deferring the infusion.**

General History

Discuss and document disease history since last infusion, any parenteral or child concerns, school attendance and overall wellbeing:

Examination

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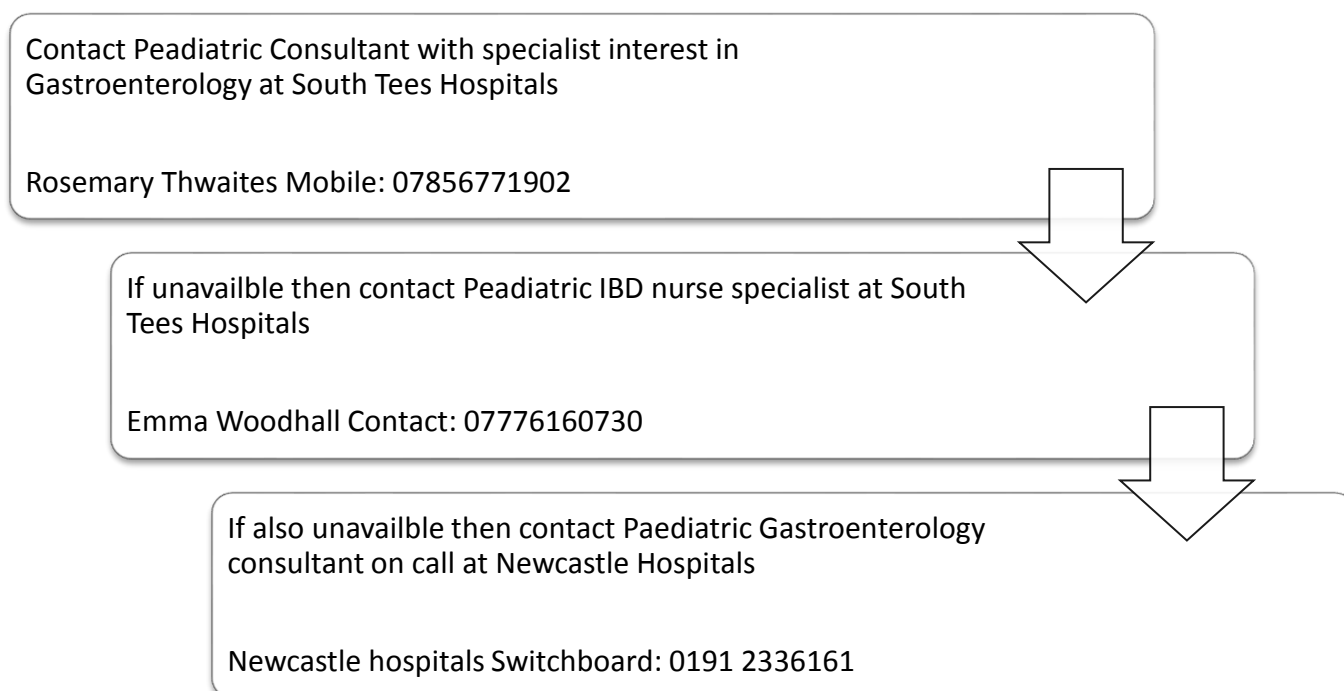
Overall assessment

	Yes	No
Based on your assessments is the patients clinically fit to have infliximab today?		

If yes, proceed to complete designated paediatric infliximab biosimilars prescription chart

Completed by (print):	Sign:	Reg no:	Date & Time:

Escalation Flowchart



Paediatric infliximab biosimilars prescription chart

Patient Name:		Unit Number:		DOB:	
Weight (kg):		Time for remsima/inflectra infusion to be ran over:		Time for monitoring following completion of treatment:	

Date and Time	Drug (dose mg/kg)	Actual Dose	Infusion Fluid and Final volume	Route	Infusion rate	Line	Given / Checked by	Time start/ stop	Batch no.	Comments
T=0	Hydrocortisone* (standard dose)	100mg	Reconstitute	IV	1-10mins					
T=0	Chlorphenamine (see below)	mg	N/A	PO	N/A					
T= +30	Remsima/Inflectra ** (5mg/kg)	mg	250mls Sodium Chloride 0.9%	IV	125 mls/hr					Use an infusion set with an in-line, sterile, non-pyrogenic, low protein binding filter (pore size 1.2 micrometer or less).
PRN	Adrenaline 1:1000 (see below)	mls	N/A	IM	N/A					

*Hydrocortisone may be omitted if the patient is already receiving >1mg /kg/day of oral prednisolone. Please document this.

Prescriber to leave as Remsima/Inflectra, nurse to circle remsima **OR inflectra based on what has been provided from pharmacy and therefore administered.

Adrenaline dose calculated according to age (from BNFC):	
<6yrs	150micrograms (0.15mls of 1:1000 Adrenaline)
6-12yrs	300micrograms (0.3mls of 1:1000 Adrenaline)
>12yrs	500micrograms (0.5mls of 1:1000 Adrenaline)

Chlorphenamine dose calculated according to age (from BNFC):	
2-5 years	1 mg every 4–6 hours; maximum 6 mg per day
6-11 years	2 mg every 4–6 hours; maximum 12 mg per day
12-17 years	4 mg every 4–6 hours; maximum 24 mg per day

Pharmacy Use Only			
Pre-check:		Date:	
Circle drug to be supplied:	inflectra remisima	Disp by:	
Supply based on lowest cost/stock availability		Accuracy check by:	

Completed by (print):		Sign:		Reg no:		Date & Time:	
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Paediatric biosimilar infliximab monitoring chart

To be completed by the nurse administrator on each occasion a patient is administered biosimilar infliximab treatment in addition to PEWS chart.

Patient Name:		Unit Number:		Weight on admission (kg):	
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Time for remsima/inflectra infusion to be ran over (see prescription):		Time for monitoring following completion of treatment (see prescription):	
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Monitoring record

	Blood pressure	Pulse	Resp rate	Temp
On admission				
Infusion start time:.....				
30 minutes after initiation				
60 minutes after initiation				
90 minutes after initiation				
120 minutes after initiation				
Infusion finish time:.....				
30 minutes after discontinuation				
60 minutes after discontinuation				
90 minutes after discontinuation				
120 minutes after discontinuation				

Checklist

	Tick when complete
Bloods for FBC, U&E's, Amylase, LFT's, ESR, CRP and Ferritin taken at the time of cannulation	
Stool sample received for Fecal Calprotectin testing	
Circle any additional bloods taken: Thiopurine metabolites Biologic levels/Antibodies	
Date, time and venue of next appointment booked and confirmed with family	
E-discharge letter completed and given to family	

Completed by (print):		Sign:		Reg no:		Date &Time:	
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