

INFUSION RECORD for REMICADE® (infliximab)

This record is for office use only. It may aid you in documenting the patient's infusion with REMICADE®.

PATIENT INFORMATION

Infusion # _____ Time In _____ Time Out _____

Patient Name _____ Dr. _____

Patient Weight _____ lbs _____ kg

Dose of REMICADE® _____ Dose based on _____ mg/kg

PRE-INFUSION ASSESSMENT

- Evaluate patient for appropriateness of infusion with REMICADE®
- Provide the Medication Guide for REMICADE® to the patient or caregiver and discuss any questions or concerns

Comments _____

IV INSERTION

Venous Access Device Type _____ Brand _____ Gauge _____ Length _____

Name of Vein Accessed _____ Number of Attempts _____

RECONSTITUTION OF REMICADE®

Lot Number _____ Exp. Date _____ Lot Number _____ Exp. Date _____

Lot Number _____ Exp. Date _____ Lot Number _____ Exp. Date _____

Lot Number _____ Exp. Date _____ Lot Number _____ Exp. Date _____

Amount of Drug Used _____ Amount of Drug Wasted _____

PATIENT MONITORING

Monitoring	Time	Temperature	Pulse	B/P	Drops/min
Pre-Infusion					
Infusion Start					
Infusion End					
Post Infusion					

Infusion End Time _____ Total Amount of Drug Administered _____

Comments _____

Discharge Teaching _____

Driven Home By ___ Self ___ Other Next Appointment _____

Infusion Staff Signature _____ Date _____

In the event that a negative variance such as an adverse event occurs, you can assist us with monitoring the safety of REMICADE® by reporting adverse events to Centocor Ortho Biotech Inc. at 1-800-457-6399. Alternatively, this information may be reported to FDA's MedWatch reporting system by phone (1-800-FDA-1088), facsimile (1-800-FDA-0178), the MedWatch website at www.fda.gov/medwatch, or mailed to MedWatch, HF-2, 5600 Fishers Lane, Rockville, MD 20852-9787. Healthcare professionals should use Form 3500 for reporting adverse events.