



## PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

**DOCUMENT NUMBER:** PBMT-GEN-030

**DOCUMENT TITLE:**

Administration of Infliximab

**DOCUMENT NOTES:**

### Document Information

**Revision:** 08

**Vault:** PBMT-General-rel

**Status:** Release

**Document Type:** PBMT

### Date Information

**Creation Date:** 03 Dec 2020

**Release Date:** 30 Dec 2020

**Effective Date:** 30 Dec 2020

**Expiration Date:**

### Control Information

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**Previous Number:** PBMT-GEN-030 Rev 07

**Change Number:** PBMT-CCR-308

## **PBMT-GEN-030**

### **ADMINISTRATION OF INFLIXIMAB**

#### **1 PURPOSE**

- 1.1 To outline the procedure required for indications for and administration of infliximab or the biosimilar in use.
- 1.2 Responsibilities of the nursing staff for administration and monitoring reactions to infliximab, or biosimilar, are described.

#### **2 INTRODUCTION**

- 2.1 Infliximab is a monoclonal antibody used for the treatment of autoimmune diseases, pulmonary hemorrhage, and graft versus host disease (GVHD). It is the first marketed drug in the United States that specifically inhibits the activity of tumor necrosis factor-alpha (TNFalpha).
- 2.2 Within this procedure, each time "Infliximab" is stated, it refers to infliximab or the biosimilar in use on formulary.

#### **3 SCOPE AND RESPONSIBILITIES**

- 3.1 Interdisciplinary: Requires a physician or designee order to be placed into the electronic medical record.
- 3.2 Registered Nurses (RNs) may administer infliximab after successful completion of medication administration test and demonstration of clinical competency with their preceptor.

#### **4 DEFINITIONS/ACRONYMS**

- 4.1 GVHD Graft Versus Host Disease
- 4.2 PFO Patent Foramen Ovale
- 4.3 RN Registered Nurse

#### **5 MATERIALS**

- 5.1 Medication administration line

#### **6 EQUIPMENT**

- 6.1 Volumetric infusion pump or syringe pump
- 6.2 Primed primary administration set
- 6.3 Alcohol prep
- 6.4 Gloves (non-sterile)
- 6.5 Secondary tubing if infliximab arrives in a bag

## 7 SAFETY

### 7.1 N/A

## 8 PROCEDURE

### 8.1 Patient Assessment

- 8.1.1 Assess intravenous access device for leakage, patency, and blood return.
- 8.1.2 Assess central venous access site for redness, swelling, drainage and pain.
- 8.1.3 Acute infusion-related reactions occur during or within 1-2 hours of administration. The most common reactions consist of nonspecific symptoms such as fever, pain, dyspnea, hypotension, and hypertension.
- 8.1.4 Observe patient for adverse reactions that include:
  - 8.1.4.1 Anaphylaxis
  - 8.1.4.2 Arthralgia
  - 8.1.4.3 Chills
  - 8.1.4.4 Dyspnea
  - 8.1.4.5 Hypertension
  - 8.1.4.6 Hypotension
  - 8.1.4.7 Nausea and vomiting
  - 8.1.4.8 Diarrhea
  - 8.1.4.9 Abdominal pain
  - 8.1.4.10 Dyspepsia
- 8.1.5 Have emergency medications available at bedside.
- 8.1.6 Assess if patient requires Patent Foramen Ovale (PFO) filters.
- 8.1.7 Assess Vital Signs pre-infusion, 15 minutes into infusion, 1 hour into the infusion and at the completion of the infusion.

### 8.2 Dosing and Administration: Dosing and administration instructions for infliximab and infliximab-dyyb (Inflectra®) are identical. If an alternate biosimilar is utilized, contact pharmacy for product-specific dosing and infusion information.

- 8.2.1 Assess IV for patency.
- 8.2.2 If visibly opaque particles, discoloration, or other abnormalities are observed, the solution should not be used.
- 8.2.3 The infusion should begin within 3 hours of preparation.
- 8.2.4 The maximum concentration = 4 mg/mL diluted in normal saline.
- 8.2.5 Infliximab prepared by pharmacy in a bag should be spiked with secondary tubing and primed then attached to primary IV set after port is cleaned with an alcohol prep.

- 8.2.6 Infliximab prepared by pharmacy in a syringe should be attached to primary syringe pump tubing.
- 8.2.7 Infuse per physician or designee orders.
  - 8.2.7.1 The usual GVHD dose = 10 mg/kg given every week x 4 doses.
    - 8.2.7.1.1 In patients with severe GVHD it may be given more frequently or for an extended period of time.
    - 8.2.7.1.2 Some patients may require pre-medications for subsequent doses if infusion related reaction occurs with first dose.
  - 8.2.7.2 Infliximab is usually administered intravenously over a minimum of 2 hours unless otherwise specified in the medication order.
- 8.2.8 Once complete, flush the entire line with primary solution to ensure entire medication has been infused.

## 9 RELATED DOCUMENTS/FORMS

9.1 N/A

## 10 REFERENCES

- 10.1 2003 Thompson Micromedex Role of Tumor Necrosis Factor-Alpha in Graft-Versus-Host Disease and Graft-Versus-Leukemia Responses.
- 10.2 R Korngold, JC Marini, ME de Baca, GF Murphy, and J Giles-Komar Biol Blood Marrow Transplant, May 2003; 9: 292-303.
- 10.3 Clinical Pharmacology, current edition.

## 11 REVISION HISTORY

Revision No.	Author	Description of Change(s)
08	S. McCollum	Information for new biosimilar added throughout (Section 1, Section 2, and Section 8.2) to reflect hospital formulary update.

**Signature Manifest****Document Number:** PBMT-GEN-030**Revision:** 08**Title:** Administration of Infliximab**Effective Date:** 30 Dec 2020

All dates and times are in Eastern Time.

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**Document Release**

Name/Signature	Title	Date	Meaning/Reason
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