

# 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 Janssen 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](http://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.

Please see full Prescribing Information, including **Boxed Warnings**, **Contraindications**, **Warnings**, **Precautions**, and **Adverse Reactions**, and **Medication Guide**, also available at [www.remicade.com](http://www.remicade.com).

