Nursing Protocol for Infliximab in Adults

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When the patient arrives:

☐ Carry out baseline Observations. BP, P, RR, Temp & Weight.

☐ Ensure no evidence of sepsis, or clinically manifested infection.

☐ Carry out cannulation.

☐ Ensure bloods are taken for FBC, U&E’s, LFT’s, CRP & ESR on all patients.

You do not have to wait for results before commencing the infusion.

Treatment protocol: first 3 treatments at week 0, week 2 then week 6. Further treatments 8 weekly thereafter.

Prescription of infliximab 5mg/kg, added to a 250mL bag sodium chloride 0.9%, to be given over 2 hours. Ensure that ‘as required’ paracetamol, chlorphenamine and adrenaline are prescribed on the drug chart.

Stat. dose of hydrocortisone 100mg IV given prior to infusion.
Stat. dose of chlorphenamine 10mg IV to be given prior to infusion.

Administration

Check all equipment is at hand before reconstituting the drug (drug, filter, administration set and infusion pump). Aseptic non-touch technique should be used at all times when preparing the drug and accessing the patient’s intravenous cannula/catheter.

1. Check drug dosage according to the weight of the patient (usually 5mg/kg but occasionally 10mg/kg)

2. Wipe the top of the vials with a chlorhexidine gluconate 2% in isopropyl alcohol 70% wipe (Clinell). Carefully reconstitute each vial with 10mL of water for injections using a 21g needle: inject the diluent against the wall of the vial. Mix by gently rolling the vial – do not shake. Leave to stand for 5 minutes. Check for particles before using.

3. Complete a drug additive label and attach to the infusion.

4. Prime an administration set & 0.2micron filter with the infusion solution.
5. Attach to patient after checking patency of peripheral cannula, adhering to the UCLH Medicines Management policy. If required, the drug may be given centrally. The cannula should not be used for other drugs (unless in an emergency when the cannula should be flushed with at least 5mL sodium chloride 0.9% prior to administration of other medicines.)

6. Give infusion over at least 2 hours. Approximate rate of infusion: 2mL/minute.

7. If, for any reason the infusion is not given immediately after reconstitution, it should be stored in the drug refrigerator and the infusion commenced within 24 hours of reconstitution, or discarded.

**Monitoring of patient**

After starting the infusion, the BP, pulse and RR should be recorded after 15 minutes. (Usually if a patient reacts to the drug, it will be within the first 10 minutes so close observation is advised)

For the 1st & 2nd hour monitor and record: BP, pulse and RR every 30 minutes. Conduct observations for a minimum of 1 hour after the infusion is finished. Temperature and cannula site should be monitored hourly.

**Mild allergic reactions:**
- occur most frequently during the first and second infusion
- symptoms include: flushing, rash, urticaria, itching, nausea, fatigue, headache, fever, chills, dizziness

**Action:**
- slow down rate of infusion, or stop and restart after 30 minutes at a lower rate
- administer paracetamol 1g PO (if the patient has not received a dose within 4 hours previously)
- administer chlorphenamine 10mg IV over 1 minute

**Severe allergic reactions:**
- symptoms include: bronchospasm (cough/wheeze/dyspnoea), angioedema of upper airway, hypotension (systolic BP < 90mmHg or BP dropped more than 40mm Hg from baseline)

**Action:**
- STOP infusion immediately
- get immediate medical assistance
- lay patient flat with legs raised
- administer oxygen
- follow the Resuscitation Council’s recommendations for treatment of anaphylaxis

If a patient experiences anaphylaxis to infliximab they should not be administered any further doses

**Discharge**

Ensure cannula is removed.

Ensure observations are stable.

Ensure next appointment is booked, written in the Daycare diary and the IBD Nurse Specialist is informed.

Please contact the IBD Nurse Specialist or doctor if there is a problem before discharge. The patients do not necessarily need medical review.
Patients should be made aware of potential side effects of infliximab. They should be advised to call the IBD nurse during normal working hours, or the on-call gastroenterology registrar out of hours, if they experience adverse effects.

Patients should be advised to seek immediate medical assistance if they think they may be experiencing a delayed allergic reaction to the drug (symptoms: acute shortness of breath, severe chest pain, throat or tongue swelling).

Patients should be given the patient information leaflet from the drug packaging.

**Long term adverse effects of infliximab**

**Auto immunity**: some patients will form antibodies towards infliximab which may increase the likelihood of developing infusion related reactions and reduce the effects of the drug. In addition patients can develop double stranded DNA antibodies (dsDNA) as a result of the drug and rarely experience lupus like symptoms – rash, arthralgia, serosis, nephritis; these should resolve with discontinuation of infliximab.

**Immunosuppression** – normal immune response may be lowered as a result of the infusion, leaving the patient at risk of infection. Symptoms of infection may be masked as a result of treatment with infliximab and careful monitoring of white cell count after discharge is required.