ACTIVE LEARNING TEMPLATE: # Medication

STUDENT NAME Elani Russell

MEDICATION Infliximab IV REVIEW MODULE CHAPTER

CATEGORY CLASS Therapeutic: DMARDs, gastrointestinal anti-inflammatories

PURPOSE OF MEDICATION

Expected Pharmacological Action

Neutralizes and prevents the activity of tumor necrosis factor-alpha (TNF-alpha), resulting in anti-inflammatory and antiproliferative activity

Therapeutic Use

Decreased pain and swelling, decreased rate of joint destruction and improved physical function in ankylosing spondylitis, rheumatoid or psoriatic arthritis. Reduction and maintenance of closure of fistulae in Crohn' s disease. Decreased symptoms, maintaining remission and mucosal healing with decreased corticosteroid use in ulcerative colitis. Decrease in induration, scaling and erythema of psoriatic lesions.

Complications

CNS: fatigue, headache, anxiety, depression, dizziness, insomnia. EENT: conjunctivitis. Resp: upper respiratory tract infection, bronchitis, cough, dyspnea, laryngitis, pharyngitis, respiratory tract allergic reaction, rhinitis, sinusitis. CV: chest pain, hypertension, hypotension, pericardial effusion, tachycardia, HF. GI: abdominal pain, nausea, vomiting, constipation, diarrhea, dyspepsia, flatulence, hepatotoxicity, intestinal obstruction, oral pain, tooth pain, ulcerative stomatitis. GU: dysuria, urinary frequency, urinary tract infection. Derm: acne, alopecia, dry skin, ecchymosis, eczema, erythema, flushing, hematoma, hot flashes, Hemat: neutropenia. MS: arthralgia, arthritis, back pain, involuntary muscle contractions, myalgia. Neuro: paresthesia. Misc: INFECTIONS, MALIGNANCY, fever, SARCOIDOSIS, infusion reactions, chills, flu-like syndrome, herpes simplex, herpes zoster, hypersensitivity reactions, lupus-like syndrome, moniliasis, pain, peripheral edema, vasculitis

Medication Administration

Croh's Disease IV (Adults): 5 mg/kg initially, then repeat at 2 and 6 wk after initial infusion, then maintenance dose of 5 mg/kg q 8 wk; dose may be adjusted up to 10 mg/kg in patients who initially respond and then lose their response

Contraindications/Precautions

Contraindicated in: Hypersensitivity to infliximab, murine (mouse) proteins, or other components in the formulation; HF; Concurrent anakinra or abatacept; Lactation: Lactation. Use Cautiously in: History of chronic or recurrent infection or underlying illness/treatment predisposing to infection; Patients being retreated after 2 yr without treatment (risk of adverse reactions); History of tuberculosis or exposure (latent tuberculosis should be treated prior to infliximab therapy); History of opportunistic infection; Patients residing, or who have resided, where tuberculosis, histoplasmosis, coccidioidomycoses, or blastomycosis is endemic; Chronic obstructive pulmonary disease (risk of malignancy); Geri: Geriatric patients; OB: Use only if clearly needed; Pedi: Children <6 yr (safety not established); risk of lymphoma (including hepatosplenic T -cell lymphoma [HSTCL] in patients with Crohn' s disease or ulcerative colitis), leukemia, and other malignancie

Nursing Interventions

Assess for infusion-related reactions (fever, chills, urticaria, pruritus) during and for 2 hr after infusion. Symptoms usual ? Monitor patients who develop a new infection while taking infliximab closely. Discontinue therapy in patients who develop a serious infection or sepsis. Do not initiate therapy in patients with active infections. ? Assess for latent tuberculosis with a tuberculin skin test prior to initiation of therapy. Treatment of latent tuberculosis should be initiated prior to therapy with infliximab. ? Observe patient for hypersensitivity reactions (urticaria, dyspnea, hypotension) during infusion. Discontinue infliximab if severe reaction occurs. Have medications and equipment readily available in the event of a severe reaction

Interactions

Concurrent use with anakinra or abatacept risk of serious infections (not recommended). Concurrent use with azathioprine and/or methotrexate may risk of HSTCL. Use of live virus vaccines or therapeutic infectious agents may risk of infection; avoid concurrent use

Client Education

Advise patient that adverse reactions (myalgia, rash, fever, polyarthralgia, pruritus) may occur 3 – 12 days after delayed (>2 yr) retreatment with infliximab. Symptoms usually decrease or resolve within 1 – 3 days. Instruct patient to notify health care professional if symptoms occur. ? May cause dizziness.

Evaluation of Medication Effectiveness

Decreased pain and swelling with decreased rate of joint destruction and improved physical function in patients with ankylosing spondylitis, psoriatic, or rheumatoid arthritis. ? Decrease in the signs and symptoms of Crohn' s disease and a decrease in the number of draining enterocutaneous fistulas. Decreased symptoms, maintaining remission and mucosal healing with decreased corticosteroid use in ulcerative colitis. ? Decrease in induration, scaling and erythema of psoriatic lesions.