

# Infusion

## Tocilizumab (Actemra)



### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Provider: \_\_\_\_\_  
Date: \_\_\_\_\_ Allergies: \_\_\_\_\_ Pt Weight: \_\_\_\_\_ kg  
Provider: \_\_\_\_\_ NPI: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
ICD-10 Code AND diagnosis: \_\_\_\_\_

### ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

**Tocilizumab** \_\_\_\_\_ mg (Max dose 800mg). IV Protect from light. Infuse over 60 minutes.

**FREQUENCY:** (select one)

Every 4 weeks  Every 8 weeks

**Laboratory:** \_\_\_\_\_ CBC \_\_\_\_\_ LFT \_\_\_\_\_ Fasting Lipid Panel. Frequency of Labs: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

QFG TB testing every 12 months while on therapy. Most current TB test & type: \_\_\_\_\_ Results: \_\_\_\_\_ Date: \_\_\_\_\_

Other Laboratory tests: \_\_\_\_\_

No premeds

**PRE-MEDS DRUG, DOSE, AND ROUTE)**

Patients should be instructed to take oral medications 1/2 hr before appointment

Diphenhydramine (check one)  12.5mg IV  25mg IV  50mg IV If patient did not take oral meds at home

Acetaminophen PO (check one)  5000mg OR  650mg If patient did not take oral meds at home

Ondansetron 4mg IV PRN Nausea

Other (drug, dose, route and frequency) \_\_\_\_\_

### OTHER ORDERS

- Follow SH Infusion reaction protocol for symptom of infusion reaction. Notify provider if initiated.
  - Contact provider prior to infusion if patient reports changes from previous infusion related to: active infection, illness (with or without fever) active cancer, CHF, previous infusion reactions to Tocilizumab. Notify provider of all infusion reactions.
  - Notify provider if infusion NOT given or patient status is 'No Show' for his or her appointment.
  - Hold infusion and notify Provider for for ANC of <2000, Plt count <100,000, or ALT or AST above 1.5 x ULN
- Other: \_\_\_\_\_

### PATIENTS WITH CENTRAL LINE ACCESS:

Select one:  Patient has a PICC  Implanted port  Other CVAD

- Central line care per Salem Health CVAD Access Policy. (Lippincott)
- Alteplase per Salem Health Central Venous Access Device declotting (Lippincott) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow
- 1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tipmalposition (occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.) Notify Physician or Provider

Provider Signature

Provider Printed Name

Date:

salemhealth.org

**Salem Hospital Infusion**

Appointment line: 503-814-4638  
(M-F: 8 a.m.-4:30 p.m., Sat & Sun 8 a.m.-2:30 p.m.)  
Fax: 503-814-1465

**VWH Infusion and Wound**

Appointment line: 503-831-3450  
(open daily 8am-4:30pm)  
Fax: 831-3484

**PATIENT LABEL**