

**TOCILIZUMAB (Actemra)
PHYSICIAN ORDER SHEET**



NON-MEDICATION ORDERS

Patient Weight: _____ kg

NON MEDICATION ORDERS

- Pre infusion screening (assess for S&S of infection, fever, surgery, pregnancy, medications, allergies, changes since last infusion)
- Contact physician if patient has signs of active infection

VITALS

- At baseline
- q30 min during infusion and 30 min after infusion
- If infusion reaction occurs, monitor vitals q10 minutes until infusion reaction has resolved.

REGULAR BLOOD WORK

Timing: Every _____ month(s)

- CBC with differential
- AST, ALT, ALP
- Creatinine
- ESR
- CRP
- _____
- _____
- _____

SPECIAL BLOOD WORK

- **Fasting lipids** (total cholesterol, HDL, LDL, & triglycerides) to be done at month _____ (2 or 3).
Please ensure patients fast 10 hours prior to bloodwork

OTHER ORDERS/BLOODWORK

★ DRUG ALLERGIES ★

List Drug	Describe Reactions/Allergies
_____	_____
_____	_____
_____	_____

No known drug reaction/allergies

MEDICATION ORDERS

TIMING OF TOCILIZUMAB INFUSIONS

- Tocilizumab given every _____ weeks

TOCILIZUMAB INFUSION

(Note: TCZ is available in standard vials of 80 mg, 200 mg, & 400 mg)

(Maximum Dose: 800 mg)

- Insert IV 0.9% Sodium Chloride (Normal Saline)
- Tocilizumab 4mg/kg: _____ mg OR Tocilizumab 8mg/kg: _____ mg
- Dilute Tocilizumab concentrate with Normal Saline to a final volume of 100 mL
- Infuse Tocilizumab over 60 minutes with an infusion set

PRN MEDICATIONS FOR INFUSION REACTIONS

- Acetaminophen 650mg PO q4h prn
- Dimenhydrinate (Gravol) 25 mg IV/PO q4h prn
- Diphenhydramine (Benadryl) 25 mg IV/PO/IM q4h prn

POST INFUSION

- Discontinue IV 30 minutes post infusion
- Discharge Home
- Other: _____

PHYSICIAN'S SIGNATURE	YR.	MO.	DAY	TIME
	PHYSICIAN'S PRINTED NAME	AUTHORIZED PHYSICIAN'S SIGNATURE		