## 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

## Drug Allergies

<table>
<thead>
<tr>
<th>List Drug</th>
<th>Describe Reactions/Allergies</th>
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☐ 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: __________________

## Other Orders/Bloodwork

____________________

____________________

____________________