



Tocilizumab (Actemra)

Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Insurance:	Group Number:	Policy Number:
Hospitalization Status:	Patient Weight (kg):	Height (inches):
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
Allergies:		

Send patient demographics/insurance, clinical notes, and test results with orders

Diagnosis Code/Description for treatment:

Laboratory

☐ CBC WITH DIFFERENTIAL ☐ BASIC METABOLIC PANEL

Orders

☒ Baseline vital signs then 30 minutes after infusion started and 30 minutes after infusion complete.

Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port

☒ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

Other: _____

Infusion – Tocilizumab (Actemra) [J3262 : 1 MG = 1 unit]

***Pharmacy will round dose to the nearest vial size.

- ☐ Tocilizumab 4 milligram/kilogram (____ MG) diluted in 0.9% Normal Saline Solution to a final volume of 100 mL INTRAVENOUS ONCE EVERY 4 WEEKS infuse over 60 minutes with an infusion set. MAX dose of 800 MG.
- ☐ Tocilizumab 8 milligram/kilogram (____ MG) diluted in 0.9% Normal Saline Solution to a final volume of 100 mL INTRAVENOUS ONCE EVERY 4 WEEKS infuse over 60 minutes with an infusion set. MAX dose of 800 MG.

Infusion Reaction

☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

Discharge

☒ Discharge home 30 minutes after treatment complete if stable.

Date and Physician Signature

DATE: _____
09612508

TIME: _____

PHYSICIAN'S SIGNATURE