

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.

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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: _____
09612512

TIME: _____

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PHYSICIAN'S SIGNATURE