



ORD

## Tocilizumab (Actemra)

### Patient and Physician Information

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

\*\*\*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: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE