

ADMIT to Outpatient Infusion Center of EAMC for Tocilizumab (ACTEMRA)

Diagnosis:

- ☐ RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, MULTIPLE SITES
- ☐ RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES
- ☐ CYTOKINE RELEASE SYNDROME
- ☐ OTHER (specify) _____

Labs:

- **Physician office to verify results of TB test and Hepatitis panel prior to referral. Proceed with treatment if results are nonreactive or negative.**
- ☐ Profile 1 and CBC with diff q 4 weeks for first 6 months of therapy and every 3 months thereafter.
- Pharmacy to review labs prior to preparation. If labs are not within normal limits, contact Physician.
- ☐ Other (specify): _____

Pre-Meds:

- ☐ Acetaminophen 650 mg PO with each treatment
- ☐ Diphenhydramine 25 mg PO with each treatment
- ☐ Diphenhydramine 50 mg PO with each treatment
- ☐ Methylprednisolone 125 mg IVP with each treatment
- ☐ Other (specify): _____

Infusion Orders

Drug	Fluid	Dose per kg (4mg/kg, 6mg/kg or 8mg/kg)	Total dose (pharmacy to calculate)	Route
Tocilizumab (Actemra)	NS 100 ml	mg/kg	mg Maximum dose is 800mg	IV Infusion

Ancillary Treatment/Administrative Procedures

- ❖ Infuse over 60 minutes. Decrease rate if patient displays signs of reaction.
- ❖ Pharmacy may round to nearest vial size.
- ❖ Monitor vital signs prior to start of infusion then every 30 minutes and at completion of infusion.
- ❖ Infuse NS at 50 mL/hr as mainline fluid.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.

Schedule repeat infusion in 4 weeks.

Ordering Physician

Date

Time

**EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Tocilizumab (Actemra)**

Patient Identification