Print Patient Name (Required)
DOB



Height (	cm):	
Weight (		
BSA (m2	):	
Allergies	: :	

Place Patient Barcode Here

## **Tocilizumab (Actemra) Infusion**

Admit to:	Diagnosis:	Infusion Date:		
□ Port □ Broviac □ PICC □ Place Peripheral IV				
☑ Normal Saline/Heparin Flush per protocol				
Premedications				
Acetaminophen = mg PO (max dose 1000 mg)				
Diphenhydramine = mg IV or PO (max dose 50 mg)				
Other:				
Tocilizumab mg IV in NS over 1 hc	bur			
Nursing Orders				
Weigh patient prior to infusion.				
Monitor Vital Signs at the beginning and the end of the infusion.				
Obtain the following labs with IV or central line access prior to the start of infusion:				
CBC CMP BMP ALT AST UA IGG IGG/IGA/IGM Other:				
Call lab results prior to starting infusion				
**Fax all lab results to ordering provider**				
Discharge once infusion completed Discharge 30 minutes post infusion				
PRN medications: <ul> <li>Ibuprofen (10 mg/kg) = mg (Max 800 mg) PO once prn mild pain/temp &gt; 100.4 (call for fever prior to giving)</li> </ul>				
$\Box$ Acetaminophen (15 mg/kg) = mg (max 650 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)				
must wait at least 4 hrs from any prior dose)				
□ Ondansetron (0.15 mg/kg) = mg (max 8 mg) IV once prn nausea				
Medications for allergic reaction (hives/itching/flushing, etc):				
If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay				
administering medications on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.				
Diphenhydramine (1mg/kg) = mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)				
Famotidine (0.5 mg/kg) = mg (max 20 mg) IV once				
Methylprednisolone (2 mg/kg) = mg (max 60 mg) IV once (must wait 6 hours from any prior steroid dose)				
For Anaphylaxis (Call a Code Blue):				
<pre>     &lt; 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = mg IM once </pre>				
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once				
□ ≥ 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once				
Orders good until this date: Infusion Frequency:				
Provider's Signature: Date: Time:				
Printed Name:				