



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Tocilizumab (Actemra)

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Diagnosis: _____ ICD-10: _____

Allergies: _____

Weight: _____ Kg

Treatment regimen

- Please check each of the following pre-medications that apply if any:

- Acetaminophen _____ mg po
- Diphenhydramine _____ mg po IV push
- Methylprednisolone 100 mg IV push
- Other _____

- Tocilizumab _____ mg/Kg x _____ Kg = _____ mg (4mg/Kg or 8mg/Kg based on clinical response; max dose: 800mg)

- Dose rounded to the nearest combination of full vials - _____ mg
- Infuse over 60 minutes every 4 weeks
- Use a dedicated line. Do not infuse other agents through same IV line.

- Flush IV line with 30-50mL 0.9% NaCl following completion of tocilizumab infusion
- Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required
- Observe patient for at least 30 minutes following completion of infusion for possible infusion-related reactions

Duration of Order: 1 year (unless otherwise specified: _____)

Rescue medications to be given for anaphylactic reactions (patients >40kg):

- Epinephrine 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- Diphenhydramine 50mg IV Push x 1 over 2 minutes
- Sodium Chloride 0.9% 250mL IV x 1 at 250mL/hour

Additional orders: _____

Physician Signature: _____ Print: _____

Date: _____ Phone: _____ Fax: _____