



Oregon Medical Group  
Infusion Center  
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## Actemra (Tocilizumab) Infusion Order

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Administer Actemra \_\_\_\_\_ 4mg/kg \_\_\_\_\_ 8mg/kg IV diluted in 100mL 0.9% normal saline over 60 minutes.
4. Administer above dose every 4 weeks.
5. Pre-medicate with the following medication to help prevent hypersensitivity/allergic reactions (please check).

\_\_\_ Diphenhydramine (Benadryl) 25 mg PO or IV \_\_\_ with each infusion \_\_\_ PRN

\_\_\_ Acetaminophen (Tylenol) 650mg PO \_\_\_ with each infusion \_\_\_ PRN

\_\_\_ Solu-Medrol 40mg IV prior to infusion \_\_\_ with each infusion \_\_\_ PRN

6. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain):

\_\_\_ Slow or stop infusion.

\_\_\_ Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-mediations.

\_\_\_ If reaction continues, give Solu-Medrol 40mg IV push now and repeat before every infusion.

\_\_\_ If reaction continues, consult MD.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider's Printed Name: \_\_\_\_\_

Time: \_\_\_\_\_