

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC with platelet and differential STAT, Status: Future, Expires: S+366, Clinic Collect, Labs to be drawn at physician office unless otherwise noted.	Every visit	S	Until discont'd
<input type="checkbox"/> Comprehensive metabolic panel STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discont'd
<input type="checkbox"/> Sedimentation rate STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discont'd
<input type="checkbox"/> C-reactive protein STAT, Status: Future, Expires: S+366, Clinic Collect	Every visit	S	Until discont'd

Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details	Every visit	S	Until discont'd
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Details	Every visit	S	Until discont'd
<input type="checkbox"/> Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for signs of minor infusion reaction; fever, chills, pruritis, urticaria, chest pain, mild hypotension, hypertension, or mild dyspnea. For *MINOR INFUSION REACTION* take the following steps: stop or slow infusion rate by 50%. If symptoms do not resolve within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not resolve within 5-10 minutes. With MD approval, give Solu-medrol as ordered. When symptoms resolve, restart medication at 25% of the original rate. After 15-30 minutes gently increase rate and monitor patient closely until completion.	Every visit	S	Until discont'd
<input type="checkbox"/> Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of severe infusion reaction: severe dyspnea, wheezing, stridor, angioedema, or marked hypotension. For *SEVERE INFUSION REACTION* take the following steps; STOP Infusion and start normal saline solution. Notify physician and administer Benadryl as ordered. Monitor vital signs. Administer Epinephrine as ordered. Consult MD for further orders.	Every visit	S	Until discont'd
<input type="checkbox"/> Nursing communication: Check Triglyceride levels every 6 months and check counts Details	Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, catheter care, Starting S, For 10 Doses	Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S	Every visit	S	Until discont'd
<input type="checkbox"/> Discontinue IV Details	Every visit	S	Until discont'd

Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 500 mg 500 mg, oral, once, Starting S, For 1 Doses Give 30 minutes prior to start of Actemra infusion.	1 time a week	S	1 treatment
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 500 mg 500 mg, oral, once, Starting S, For 1 Doses Give 30 minutes prior to start of Actemra infusion.	Every 4 weeks	S+27	Until discont'd

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> tocilizumab (ACTEMRA) 4 mg/kg in sodium chloride 0.9% 100 mL IVPB (RESTRICTED)	Once	S	1 treatment

Medications (continued)

	Interval	Defer Until	Duration
<p>4 mg/kg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses DO NOT EXCEED 800 MG PER DOSE. Administer on Week 0. Do not infuse tocilizumab concomitantly in the same intravenous line with other drugs. This medication is restricted to Hematology, Oncology, and Rheumatology providers. Are you ordering on behalf of an approved provider? This medication is restricted to outpatient use with financial approval or inpatient use for grade 3 or 4 cytokine release syndrome. Please select indication for treatment: Outpatient setting with financial approval from insurance</p>			
<p><input type="checkbox"/> tocilizumab (ACTEMRA) 8 mg/kg in sodium chloride 0.9% 100 mL IVPB (RESTRICTED) 8 mg/kg, intravenous, for 60 Minutes, once, Starting S, For 1 Doses DO NOT EXCEED 800 MG PER DOSE. Administer on Week 4 and every 4 weeks thereafter. Do not infuse tocilizumab concomitantly in the same intravenous line with other drugs. This medication is restricted to Hematology, Oncology, and Rheumatology providers. Are you ordering on behalf of an approved provider? This medication is restricted to outpatient use with financial approval or inpatient use for grade 3 or 4 cytokine release syndrome. Please select indication for treatment: Outpatient setting with financial approval from insurance</p>	Every 4 weeks	S+27	Until discontinuation

Hypersensitivity

	Interval	Defer Until	Duration
<p><input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 4 hours PRN, headaches, fever, myalgia, Starting S Give 325-650 mg for headache, fever, myalgia</p>	PRN	S	Until discontinuation
<p><input type="checkbox"/> diphenhydramine (BENADRYL) tablet 25 mg 25 mg, oral, every 6 hours PRN, itching, for allergic reaction symptoms, Starting S</p>	PRN	S	Until discontinuation
<p><input type="checkbox"/> diphenhydramine (BENADRYL) injection 50 mg 50 mg, intravenous, once PRN, itching, for anaphylactic reaction, Starting S, For 1 Doses</p>	PRN	S	Until discontinuation
<p><input type="checkbox"/> epinephrine (ADRENALIN) 1 mg/1 mL injection 1 mg 1 mg, intravenous, once PRN, anaphylaxis, for anaphylactic reaction, Starting S, For 1 Doses</p>	PRN	S	Until discontinuation
<p><input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, once PRN, for anaphylactic reaction, Starting S, For 1 Doses</p>	PRN	S	Until discontinuation
<p><input type="checkbox"/> promethazine (PHENERGAN) tablet 50 mg 50 mg, oral, every 4 hours PRN, nausea, vomiting, Starting S Give 25-50 mg every 4-6 hours for nausea/vomiting</p>	PRN	S	Until discontinuation
<p><input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, once PRN, Hydration, Starting S, For 1 Doses</p>	PRN	S	Until discontinuation