



**INFUSE ONE**

# ACTEMRA (tocilizumab) infusion

## orders

Patient Name

DOB

Phone

M

F

**DIAGNOSIS** *Please provide ICD-10 code*

Rheumatoid Arthritis (RA)

Cytokine Release Syndrome (CRS)

Giant Cell Arthritis (GCA)

(other)

Polyarticular Idiopathic Arthritis in > 2yro (PJIA)

Systemic Juvenile Idiopathic Arthritis (SJIA)

### PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Cetirizine 10mg PO

Solu-Cortef 100mg IVP

Diphenhydramine 25mg PO

Diphenhydramine 25mg IVP

(other)

### ACTEMRA ORDERS

DOSAGE	PATIENT WEIGHT
Initial dose of 4mg/kg every 4 weeks for treatments	lbs.
then 8mg/kg every 4 weeks ( <i>induction dosing</i> )	kg
4mg/kg every 4 weeks	
8mg/kg every 4 weeks	

### NOTES

### ORDERING PROVIDER

Signature     X     Date \_\_\_\_\_

Provider

Phone

Fax