CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH RHEUM TOCILIZUMAB (ACTEMRA)

version 9/29/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (120 MIN)**			
☑	Infusion Appointment Request	Every 28 days	S	Until discont'd

Appointment Request (continued)

	Interval	Defer Until	Duration

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 28 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Every 28 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB BMP (OR ONC BMP) LOCATION SPECIFIC RULE**			
☐	Basic Metabolic Panel	Every 28 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Every 28 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☑	**SJH ONCBCN LAB LIPID PANEL**			
☑	Lipid panel	Every 28 days	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB HEPATIC FUNCTION PANEL**			
☑	Hepatic function panel	Every 28 days	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB CBC W/PLT COUNT AUTO DIFF (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 28 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			

Labs (continued)

		Interval	Defer Until	Duration
☐	CBC Auto Diff 3 Parts	Every 28 days	S	Until discont'd

No details available for preview
Selection Condition: Lab location - SJH Oncology - Corbin

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY TOCILIZUMAB**			
◎	tocilizumab (ACTEMRA) 4 mg/kg in sodium chloride 0.9% (NS) 100 mL infusion	Every 28 days	S	Until discont'd

4 mg/kg, intravenous, Once, Starting at treatment start time
Infuse over 60 minutes.

◎	tocilizumab (ACTEMRA) 8 mg/kg in sodium chloride 0.9% (NS) 100 mL infusion	Every 28 days	S	Until discont'd

8 mg/kg, intravenous, Once, Starting at treatment start time
Infuse over 60 minutes.

Emergency Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd

Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.

☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd

No details available for preview

☑	Oxygen Therapy	PRN	S	Until discont'd

No details available for preview

☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd

1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued
Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.

Start for any grade of reaction.

☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd

		Interval	Defer Until	Duration
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution. Give for Grade III - SEVERE/Anaphylaxis Symptoms.			