CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC85949-001NS Rev. 9/2021

Tocilizumab (ACTEMRA) Infusion Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m^2)

☐ NKDA - No Known Drug Allergies ☐ Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: ☐ as soon as possible (within a week) ☐ within the month

****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

☑ **Height and weight**

☑ **Vital signs**
Starting when released, temperature, respiratory rate, pulse, blood pressure (BP), O2 saturation

HYPOTENSION DEFINED ADMIT

☑ **Nursing communication**
Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction.
Hypotension is defined as follows:
1 month to 1 year - systolic blood pressure (SBP) less than 70
1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)
11 years to 17 years - systolic blood pressure (SBP) less than 90
OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.
Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

☑ **Nursing communication**
Assess patient for signs of illness and previous infusion reactions.

PREGNANCY TESTS AT DALLAS AND PLANO

Nursing communication
Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

☐ Patient requires a pregnancy test (based on organizational policy, female patients 10 years of age or over require a pregnancy test)

Pregnancy test, urine - POC
STAT, ONE TIME, for females ≥ 10 years old. If positive, do NOT infuse and contact the ordering provider.

Gonodotropin chorionic (HCG) urine
STAT, ONE TIME, unit collect, for females ≥ 10 years old. If positive, do NOT infuse and contact ordering provider.

Gonodotropin chorionic (HCG) urine
STAT, ONE TIME, unit collect, for females ≥ 10 years old. If positive, do NOT infuse and contact ordering provider.

NURSING ORDERS

Please select all appropriate therapy

☐ **IV START NURSING ORDERS**

Insert Peripheral IV
Place PIV if needed or access IVAD if available.

Key: ANC = absolute neutrophil count; BP = blood pressure; CBC = complete blood count; cm = centimeter; HCG = human chorionic gonadotropin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; JIA = juvenile idiopathic arthritis; m^2 = square meters; mg = milligram; mg / m^2 = milligram per square meter; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mmHg = millimeters of mercury; mOsm / L = milliosmole per liter; NKDA = no known drug allergies; NS = normal saline; O2 = oxygen; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP = systolic blood pressure; STAT = immediately; WBC = white blood cell (count)

CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC85949-001NS Rev. 9/2021

Tocilizumab (ACTEMRA) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

☐ **lidocaine 1% BUFFERED (J-TIP LIDOCAINE)**
0.2 mL, INTRADERMAL, PRN
☐ when immediate procedure needed ☐ when procedure will take about 1 minute ☐ patient / family preference for procedure
Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets ≤ 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

☐ **lidocaine - prilocaine (EMLA) cream**
TOPICAL, PRN
☐ when more than 60 minutes are available before procedure ☐ when procedure will take more than 1 hour
☐ patient / family preference for procedure
Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

☐ **lidocaine - tetracaine (SYNERA) patch**
TOPICAL, PRN
☐ when 20 - 30 minutes are available before procedure ☐ when procedure will take more than 1 hour
☐ when anticipated pain is less than 5 mm from skin surface ☐ patient / family preference for procedure

☐ **lidocaine with transparent dressing 4% kit**
TOPICAL, PRN
☐ when 20 - 30 minutes are available before procedure ☐ when procedure will take more than 1 hour
☐ patient / family preference for procedure

☐ **Heparin flush**

heparin flush
10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush
100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

☐ **Sodium chloride flush**

Sodium chloride flush 0.9% injection
1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preservative free 0.9% injection
1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE-MEDICATIONS

☐ **Acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg)**
Nursing communication
Administer only one of the acetaminophen orders, suspension or tablets, do not give both.

acetaminophen suspension
15 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion
Dose: _____

acetaminophen tablet
15 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion
Dose: _____

Key: ANC = absolute neutrophil count; BP = blood pressure; CBC = complete blood count; cm = centimeter; HCG = human chorionic gonadotropin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; JIA = juvenile idiopathic arthritis; m^2 = square meters; mg = milligram; mg / m^2 = milligram per square meter; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mmHg = millimeters of mercury; mOsm / L = milliosmole per liter; NKDA = no known drug allergies; NS = normal saline; O2 = oxygen; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP = systolic blood pressure; STAT = immediately; WBC = white blood cell (count)

CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC85949-001NS Rev. 9/2021

Tocilizumab (ACTEMRA) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

PRE-MEDICATIONS, CONTINUED

☐ **Diphenhydramine pre-medication 30 minutes prior (1 mg / kg, maximum 50 mg)**

Nursing communication

Administer only one of the diphenhydrAMINE pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.

diphenhydrAMINE liquid

1 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE capsule

1 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

INTRA-PROCEDURE

☑ **Physician communication order**

Please select 'Tocilizumab every 2 weeks for systemic JIA' section or 'Tocilizumab every 4 weeks for polyarticular JIA' section and the appropriate labs and dosing are contained in each section depending on diagnosis.

☑ **Therapy Appointment Request**

Please select department for the therapy appointment request:
Expires in 365 days

☐ Dallas Special Procedures ☐ Plano Infusion Center ☐ Dallas Allergy ☐ Dallas Transplant ☐ Dallas Neurology

Tocilizumab for Systemic JIA or Polyarticular JIA (Select one):

☐ **Tocilizumab Every 2 Weeks for Systemic JIA**

☐ **Physician communication order**

CBC and liver panel prior to 2nd, 3rd, and 4th infusion, then every other month. Lipid panel 3rd infusion, then every 6 months.

☐ **Complete Blood Count With Differential** **INTERVAL:** Every 2 weeks **DEFER UNTIL:** _____ **DURATION:** 3 treatments
Unit collect
Prior to 2nd, 3rd, and 4th infusion, then every other month.

☐ **Complete Blood Count With Differential** **INTERVAL:** Every 8 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued
Unit collect
Every other month.

☐ **Hepatic Function Panel** **INTERVAL:** Every 2 weeks **DEFER UNTIL:** _____ **DURATION:** 3 treatments
Unit collect
Prior to 2nd, 3rd, and 4th infusion then every other month

☐ **Hepatic Function Panel** **INTERVAL:** Every 8 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued
Unit collect
Every other month.

☐ **Lipid Panel** **INTERVAL:** Every 24 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued
Unit collect
Prior to 3rd infusion, then every 6 months.

☐ **Nursing communication**

Parameters to meet prior to administration: WBC $\geq$ 4 thousand / mm3 or ANC $\geq$ 1,500. Notify ordering provider if aprameters are not met.

☐ **Vital signs**

Monitor respiratory rate, pulse and blood pressure (BP) every 15 minutes during infusion and for a total of 30 minutes after patient completes infusion. If patient develops fever, chills, pruitus, urticaria, chest pain, shortness of breath, low or high blood pressure (BP), then stop the infusion. Check pulse oximetry for O_2 percent saturation. Contact the ordering provider. Initiate emergency medications.

Key: ANC = absolute neutrophil count; BP = blood pressure; CBC = complete blood count; cm = centimeter; HCG = human chorionic gonadotropin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; JIA = juvenile idiopathic arthritis; m^2 = square meters; mg = milligram; mg / m^2 = milligram per square meter; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mmHg = millimeters of mercury; mOsm / L = milliosmole per liter; NKDA = no known drug allergies; NS = normal saline; O2 = oxygen; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP = systolic blood pressure; STAT = immediately; WBC = white blood cell (count)

CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC85949-001NS Rev. 9/2021

Tocilizumab (ACTEMRA) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED

☐ **Physician communication order**

Dosing for Systemic JIA. Please enter the dose of tocilizumab in 'mg' to facilitate prior authorization requirements:
< 30 kg = 12 mg / kg / dose (in 50 mL NS)
> 30 kg 8 mg / kg / dose (in 100 mL NS)
adults ≥ 18 years old, initial dose = 4 mg / kg titrated up to 8 mg / kg (maximum dose = 800 mg).
Please select the appropriate order below. (First order is default in 50 mL for < 30 kg and second order is default in 100 mL for > 30 kg)

☐ **tocilizumab in sodium chloride 0.9% 50 mL infusion** **INTERVAL:** Every 2 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued

INTRAVENOUS, at 50 mL / hour, ONCE, starting 0.5 hours after treatment start time, for 1 dose. Infuse over 60 minutes using a dedicated IV line. Do not administer IV push or IV bolus. Do not use if opaque particles or discoloration are visible. PROTECT FROM LIGHT.

Dose: _____

☐ **tocilizumab in sodium chloride 0.9% 100 mL infusion** **INTERVAL:** Every 2 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued

INTRAVENOUS, at 100 mL / hour, ONCE, starting 0.5 hours after treatment start time, for 1 dose. Infuse over 60 minutes using a dedicated IV line. Do not administer IV push or IV bolus. Do not use if opaque particles or discoloration are visible. PROTECT FROM LIGHT.

Dose: _____

☐ **Tocilizumab Every 4 Weeks for Polyarticular JIA**

☐ **Physician communication order**

Routine, ONE TIME, CBC and liver panel to 2nd, 3rd, and 4th infusion, then every other month. Lipid panel before 3rd infusion, then every 6 months.

☐ **Complete Blood Count With Differential** **INTERVAL:** Every 2 weeks **DEFER UNTIL:** _____ **DURATION:** 3 treatments
Unit collect
Prior to 2nd, 3rd, and 4th infusion, then every other month.

☐ **Complete Blood Count With Differential** **INTERVAL:** Every 8 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued
Unit collect
Every other month.

☐ **Hepatic Function Panel** **INTERVAL:** Every 2 weeks **DEFER UNTIL:** _____ **DURATION:** 3 treatments
Unit collect
Prior to 2nd, 3rd, and 4th infusion, then every other month.

☐ **Hepatic Function Panel** **INTERVAL:** Every 8 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued
Unit collect
Every other month.

☐ **Lipid Panel** **INTERVAL:** Every 24 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued
Unit collect
Prior to 3rd infusion, then every 6 months.

☐ **Nursing communication**

Parameters to meet prior to administration: WBC ≥ 4 thousand / mm3 or ANC ≥ 1,500. Notify the ordering provider if aprameters are not met.

☐ **Vital signs**

Monitor respiratory rate, pulse and blood pressure (BP) every 15 minutes during infusion and for a total of 30 minutes after patient completes infusion. If patient develops fever, chills, pruitus, urticaria, chest pain, shortness of breath low or high blood pressure (BP), then stop the infusion. Check pulse oximetry for O2 percent saturation. Contact the ordering provider. Initiate emergency medications.

☐ **tocilizumab in sodium chloride 0.9% 50 mL infusion** **INTERVAL:** Every 4 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued

INTRAVENOUS, at 50 mL / hour, ONCE, starting 0.5 hours after treatment start time. Infuse over 60 minutes using a dedicated IV line. Do not administer IV push or IV bolus. Do not use if opaque particles or discoloration are visible. PROTECT FROM LIGHT.

Dose: _____

Key: ANC = absolute neutrophil count; BP = blood pressure; CBC = complete blood count; cm = centimeter; HCG = human chorionic gonadotropin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; JIA = juvenile idiopathic arthritis; m^2 = square meters; mg = milligram; mg / m^2 = milligram per square meter; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mmHg = millimeters of mercury; mOsm / L = milliosmole per liter; NKDA = no known drug allergies; NS = normal saline; O2 = oxygen; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP = systolic blood pressure; STAT = immediately; WBC = white blood cell (count)

CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC85949-001NS Rev. 9/2021

Tocilizumab (ACTEMRA) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED

☐ **tocilizumab in sodium chloride 0.9% 100 mL infusion** **INTERVAL:** Every 4 weeks **DEFER UNTIL:** _____ **DURATION:** Until discontinued

INTRAVENOUS, at 100 mL / hour, ONCE, starting 0.5 hours after treatment start time, for 1 dose. Infuse over 60 minutes using a dedicated IV line. Do not administer IV push or IV bolus. Do not use if opaque particles or discoloration are visible. PROTECT FROM LIGHT.

Dose: _____

EMERGENCY MEDICATIONS

☑ **Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**
   - **a.** Stop the infusion
   - **b.** Give diphenhydramine as ordered
   - **c.** Check vitals including blood pressure every 5 minutes until further orders from provider.
   - **d.** Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one
   - **e.** Notify provider for further orders
2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling **PATIENT IS HAVING ANAPHYLAXIS:**
   - **a.** Stop the infusion
   - **b.** Call code – do not wait to give epinephrine
   - **c.** Give epinephrine as ordered
   - **d.** Notify provider
   - **e.** Check vitals including blood pressure every 5 minutes until the code team arrives.
   - **f.** Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
   - **g.** Give diphenhydramine once as needed for hives
   - **h.** May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
   - **i.** May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation.

   Hypotension is defined as follows:
   1 month to 1 year – systolic blood pressure (SBP) less than 70
   1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
   11 years to 17 years – systolic blood pressure (SBP) less than 90
   OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
   Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

☐ **EPINEPHrine Injection Orderable For Therapy Plan (AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses
Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

☐ **Cardio / Respiratory Monitoring**
Rationale for Monitoring: High risk patient (please specify risk)

- ☐ Clinically significant cardiac anomalies or dysrhythmias
- ☐ Recent acute life-threatening event
- ☐ Unexplained or acutely abnormal vital signs
- ☐ Artificial airway (stent, tracheostomy, oral airway)
- ☐ Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): ☐Heart rate ☐ Oxygen saturation ☐Respiratory rate
Telemetry Required: ☐Yes ☐No

☐ **diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose. Maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Key: ANC = absolute neutrophil count; BP = blood pressure; CBC = complete blood count; cm = centimeter; HCG = human chorionic gonadotropin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; JIA = juvenile idiopathic arthritis; m^2 = square meters; mg = milligram; mg / m^2 = milligram per square meter; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mmHg = millimeters of mercury; mOsm / L = milliosmole per liter; NKDA = no known drug allergies; NS = normal saline; O2 = oxygen; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP = systolic blood pressure; STAT = immediately; WBC = white blood cell (count)

CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO

CMC85949-001NS Rev. 9/2021

Tocilizumab (ACTEMRA) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS, CONTINUED

☐ **Albuterol for aerosol**

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST-PROCEDURE

☑ **Nursing communication**

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.
Discontinue PIV prior to discharge.

☐ **Sodium chloride 0.9% infusion**

INTRAVENOUS, at 0 - 25 mL / hour ONCE, for 1 dose

Dose: _____

Signature of Provider	(circle one): MD DO Credentials	Date	Time

Printed Name of Provider

Key: ANC = absolute neutrophil count; BP = blood pressure; CBC = complete blood count; cm = centimeter; HCG = human chorionic gonadotropin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; JIA = juvenile idiopathic arthritis; m^2 = square meters; mg = milligram; mg / m^2 = milligram per square meter; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mmHg = millimeters of mercury; mOsm / L = milliosmole per liter; NKDA = no known drug allergies; NS = normal saline; O2 = oxygen; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; SBP = systolic blood pressure; STAT = immediately; WBC = white blood cell (count)