



Riverbend Medical Center Regional Infusion Center (RIC)
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TOCILIZUMAB (Actemra) INFUSION (v. 01/09/2024)

* Hepatitis B (Hep B surface antigen and core antibody total) and tuberculosis (QuantIFERON gold or T-spot) screening must be completed and negative prior to initiation of treatment.

Diagnosis/Indication (ICD-10): _____ Weight _____

Medication:

- Tocilizumab 4 mg/kg in 100 mL 0.9% normal saline IV over 60 minutes every 4 weeks (maximum dose 800 mg)
- Tocilizumab 8 mg/kg in 100 mL 0.9% normal saline IV over 60 minutes every 4 weeks (maximum dose 800 mg)
- Tocilizumab _____ mg/kg in 100 mL 0.9% normal saline IV over 60 minutes _____ weeks

Pre-medications:

- Acetaminophen 650 mg PO once 30 minutes before infusion
- Diphenhydramine 25 mg PO once 30 minutes before infusion
- Methylprednisolone (Solu-Medrol) 40 mg IV once 30 minutes before infusion

Nursing communications:

- Vital signs: Initial and as needed prn

Access:

- Insert peripheral IV
 - Every visit, remove after IV administration complete
- Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Emergency Medications:

- Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic).
-- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name and DOB _____

Provider printed name: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____