



**Riverbend Medical Center Regional Infusion Center (RIC)**  
3377 Riverbend Drive Suite 502/510  
Springfield, Oregon 97477  
Phone 541-222-6280 Fax 541-349-8006

### **Secukinumab (Cosentyx) INFUSION (v. 04/10/2025)**

\* Labs needed prior to treatment: Hepatitis B (Hep B surface antigen and core antibody total), tuberculosis (QuantiFERON gold or T-spot), hepatitis C antibody, HIV Ab/ Ag, and pregnancy tests must be completed and negative prior to initiation of treatment. Baseline CBC with differential, CMP and CRP should be done prior to first dose.

Diagnosis/Indication (ICD-10): \_\_\_\_\_ Weight \_\_\_\_\_ kg

#### **Medication:**

- .. If loading dose required, Secukinumab loading dose 6 mg/ kg in normal saline IV x 1
- .. Secukinumab 1.75 mg/ kg/dose in normal saline IV every 4 weeks (maximum dose 300 mg/ dose)
- Normal saline 500 mL bag, 25 mL/hr IV as needed for line care

\* Infuse using an infusion set with an in-line, sterile, nonpyrogenic, low protein-binding 0.2 micron filter.

#### **Nursing communications:**

- Vital signs: Initial and prn
- Monitor for signs /symptoms of infection and tuberculosis at each visit.
- Inform patient not to receive live vaccinations while receiving this medication

#### **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

Patient name: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

DOB: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



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**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 (>/= 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 (>/= 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: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

DOB: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_