



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: _____

DOB: _____

Height _____ Weight _____

Provider printed name: _____

Provider signature: _____

Date: _____ Time: _____