Riverbend Medical Center Regional Infusion Center (RIC)
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TOCILIZUMAB (Actemra) INFUSION (v. 05/24/2024)

* 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)
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- ¨ Tociliziumab _____ 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:

- n 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.
- n 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.
- n 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.
- n Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- n May give emergency medications IM if IV route unavailable

Patient name: _____ Provider printed name: _____

DOB: _____ Provider signature: _____

Height _____ Weight _____ Date: _____ Time: _____