



Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- Interval: Every 28 days
- Interval: Every ___ days

Duration:

- Until date: _____
- 1 year
- _____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |
| Site of Service | | | |
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Appointment Requests

- Infusion Appointment Request
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

Safety Parameters and Special Instructions

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**
TOCILIZUMAB (ACTEMRA):

Tuberculosis surveillance and management: Screen prior to starting therapy and periodically during therapy. Treat latent infection prior to starting therapy.
Hepatitis B surveillance and management: Screen prior to initiating therapy. Refer to specialist as warranted by serology.

Prior to initiation obtain TB skin test, hepatitis B surface antigen (HBsAg) test, liver function test (LFT), lipids, complete blood count (CBC), up-to-date vaccinations, risk assessment for cancer, and pregnancy testing.
- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4**
HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen **ONCE prior to treatment**. Refer to specialist as warranted by serology.
- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**
TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment and annually for continuing therapy. Treat latent infection prior to starting therapy.

Labs

- | | Interval |
|--|----------|
| <input checked="" type="checkbox"/> Complete Blood Count w/Differential
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous | |
| <input checked="" type="checkbox"/> Comprehensive Metabolic Panel (CMP)
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous | |
| <input checked="" type="checkbox"/> Hepatic Function Panel (Liver Panel)
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous | |
| <input checked="" type="checkbox"/> Hepatitis B Surface Antigen Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous, Once | Once |

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.



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Labs (continued)

	Interval
<input checked="" type="checkbox"/> Hepatitis B Core Total Antibody Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous, Once	Once
<input checked="" type="checkbox"/> Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually	
<input checked="" type="checkbox"/> ONC PROVIDER REMINDER 28 Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.	
<input type="checkbox"/> TB Screen (Quantiferon Gold) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous, Once annually	Every 365 days
<input type="checkbox"/> Lab: _____	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once <input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> # of Treatments

Nursing Orders

<input checked="" type="checkbox"/> ONC NURSING COMMUNICATION 109 TOCILIZUMAB (ACTEMRA): Monitor for hypersensitivity reactions. If patient reaction, stop immediately and contact provider. Treatment may need to be permanently discontinued. Monitor patient for infection. Therapy should be interrupted until infection is controlled. Contact provider to discuss if patient has signs of infection. An FDA-approved patient medication guide, which is available with the product information and at https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125276s114lbl.pdf#page=41 , must be dispensed with this medication. Educate patient about signs of a significant reaction (eg, wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swelling of face, lips, tongue, or throat). Note: This is not a comprehensive list of all side effects. Patient should consult prescriber for additional questions.
<input checked="" type="checkbox"/> ONC NURSING COMMUNICATION 100 May Initiate IV Catheter Patency Adult Protocol

Treatment Parameters

<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 6 May proceed with therapy if absolute neutrophil count (ANC) greater than 2,000 per microliter
<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 7 May proceed with therapy if platelets greater than 100,000 per microliter
<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 8 May proceed with therapy if AST is less than 60 IU/L
<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 9 May proceed with therapy if ALT is less than 60 IU/L
<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 3 May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative. Once.
<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 4 May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantiFERON® Gold Plus) or TB skin test have been resulted prior to first dose and within one year for continuing therapy, and the results are negative. Once annually.

Medications

<input checked="" type="checkbox"/> tocilizumab (ACTEMRA) 4 mg/kg in sodium chloride 0.9 % 100 mL IVPB 4 mg/kg, Intravenous, Administer over 60 Minutes, Once, Starting S, For 1 Doses Infuse over 60 minutes using a dedicated IV line. Do not infuse other agents through same IV line. Do not administer IV push or IV bolus. Do not use if opaque particles or discoloration is visible.
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Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
		Sign		R.N. Sign		Physician Print
						Physician

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