

INTRAVENOUS TOCILIZUMAB

(PHYSICIAN ORDER SHEET)

[To be kept in Patient's Clinical File]

Based on Pack Insert of Actemra for Malaysia

Adapted by Dr Ramani Rheumatology Clinic



Date:

PRE-INFUSION CHECKLIST

- ☐ Assess signs and symptoms of infection, fever, surgery, etc.

Contact the physician if there are any issues.

NON-MEDICATION ORDERS

VITALS

☐ Weight kg

☐ Vital signs at baseline

☐ Vital signs every mins

Recommendation: every 30 minutes during infusion and for 30 minutes after infusion.

If there is a history of infusion reaction, monitor vital signs every 15 minutes for 60 minutes, then every 30 minutes.

BLOOD WORKS

- ☐ FBC
- ☐ Renal profile
- ☐ Liver profile
- ☐ CRP
- ☐ ESR
- ☐ Fasting lipids
- ☐ Other:

Physician signature & stamp:

PATIENT'S DATA

Name:

Drug allergy / allergies:

MRN:

MEDICATION ORDERS (Please tick appropriate boxes)

DOSING OF TOCILIZUMAB INFUSION

Tocilizumab is available in 400 mg/20 mL and 80 mg/4 mL

☐ Tocilizumab 8 mg/kg Total dose: mg (MAX: 800 mg)

☐ Tocilizumab 4 mg/kg Total dose: mg

Frequency: Tocilizumab given every weeks (usually every 4 weeks)

TOCILIZUMAB INFUSION

- Withdraw the required amount of tocilizumab.
- Dilute with 0.9% NS to a final volume of 100 mL.
- Infuse tocilizumab over 60 minutes (rate: 100 mL/hour).

PRN PRE-MEDICATIONS

☐ Chlorpheniramine (Piriton) tablet 4 mg or 10 mg IV

☐ Paracetamol tablet 1 g

☐ Hydrocortisone 100 mg IV or ☐ Methylprednisolone 100 mg IV

INFUSION-RELATED REACTION

STOP the infusion immediately and notify the prescriber.



IV Tocilizumab Infusion Chart

Date: _____
Name: _____
MRN: _____
Weight: _____
Dose: _____

Infusion Monitoring

Duration		Vitals Monitoring			Infusion Reaction				
Time	Mins	B/P	PR	Temp	Chills	Chest pain	Dyspnoea	Pruritis	Rash
	0								
	15								
	30								
	45								
	60								

Clinical notes / action taken: