

INFUSION SUITE		ACTEMRA INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>			
Name:		DOB:	
<b>MEDICAL INFORMATION</b>			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
<b>REQUIRED TESTING</b>			
<input type="checkbox"/> TB _____ *Annual	<input type="checkbox"/> Lipids / LFT's / CBC w/ Diff *See below for frequency		
<b>Additional labs:</b>			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
<b>PREMEDICATIONS 30 minutes prior to starting</b>			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
<b>ACTEMRA ORDERS</b>			
<input type="checkbox"/> Loading Actemra IV	<input type="checkbox"/> 4mg/kg <input type="checkbox"/> 8mg/kg <input type="checkbox"/> 10mg/kg <input type="checkbox"/> 12mg/kg Every <input type="checkbox"/> 4 weeks <input type="checkbox"/> 2 weeks X _____		
<input type="checkbox"/> Subsequent Actemra IV	<input type="checkbox"/> 4mg/kg <input type="checkbox"/> 8mg/kg <input type="checkbox"/> 10mg/kg <input type="checkbox"/> 12mg/kg Every <input type="checkbox"/> 4 weeks <input type="checkbox"/> 2 weeks X _____		
<b>POST INFUSION</b>			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home			
<b>Referring Provider Printed:</b>			
<b>Referring Provider Signature:</b>		<b>Date:</b>	
<b>Referring Provider Phone:</b>		<b>Referring Provider Fax:</b>	
<b>DNG Provider Printed:</b>			
<b>DNG Provider Signature:</b>		<b>Date:</b>	

\*Credentials must be included

[Dosing calculator found here: https://www.actemrahcp.com/ra/dosing-and-monitoring/dosing-calculator.html](https://www.actemrahcp.com/ra/dosing-and-monitoring/dosing-calculator.html)

- For RA diagnosis:** 4mg/kg or 8mg/kg IV in 100mL NS over 60 mins every 4 weeks
- For PJIA diagnosis:** ≥ 30kg: Actemra 8mg/kg IV in 100mL NS over 60 minutes every 4 weeks  
 < 30kg: Actemra 10mg/kg IV in 50mL NS over 60 minutes every 4 weeks
- For SJIA diagnosis:** ≥ 30kg: Actemra 8mg/kg IV in 100mL NS over 60 minutes every 2 weeks  
 < 30kg: Actemra 12mg/kg IV in 50mL NS over 60 minutes every 2 weeks

**Labs: Lipids / LFT's 4-8 weeks for first 6 months, then q3 months. CBC w/ Diff 4-8 weeks after initiation, then q3 months**

**Infusion Directions:**

- Remove vial and allow to come to room temp before administration
- Withdraw a volume of NS equal to the volume of the Actemra dose from the infusion bag
- Withdraw the dose of Actemra from the vial(s) and add slowly into the NS bag
- Discard and document any drug waste
- Infuse over 60 minutes (no filter required for tubing)