

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
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> TB _____ *Annual	<input type="checkbox"/> Lipids / LFT's / CBC w/ Diff *See below for frequency		
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<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"/> Methylprednisolone:	<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:			
ACTEMRA ORDERS			
<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 _____		
POST INFUSION			
<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			
Referring Provider Printed:		NPI:	
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

***Credentials must be included**

Dosing calculator found here: <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)