406 ARTHRITIS CLINIC
Get back to your 406 life!

INFUSION SUITE		ACTEMRA INFUSION ORDERS	
406 Arthritis Clinic LLC		Phone: 406-345-0211	Fax: 747-205-0742
2409 Arnold Ln Ste 9 Billings, MT 59102			
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		
☐ **TB _____ *Annual**	☐ **Lipids / LFT's / CBC w/ Diff *See below for frequency**		
Additional labs:			
☐ **Insert IV**	☐ **Access Port/PICC**		
	PREMEDICATIONS 30 minutes prior to starting		
☐ **Acetaminophen:**	☐ 325mg PO X1 ☐ 500mg PO X1 ☐ 650mg PO X1		
☐ **Diphenhydramine:**	☐ 25mg IVP X1 ☐ 25mg PO X1 ☐ 50mg IVP X1 ☐ 50mg PO X1		
☐ **Solumedrol:**	☐ 40mg IV X1 ☐ 100mg IV X1 ☐ 125mg IV X1		
☐ **Antihistamine:**	☐ Cetirizine 10mg PO X1 ☐ Loratadine 10mg PO X1		
☐ **Additional PRN:**			
	ACTEMRA ORDERS		
☐ Loading Actemra IV	☐ 4mg/kg ☐ 8mg/kg ☐ 10mg/kg ☐ 12mg/kg Every ☐ 4 weeks ☐ 2 weeks X _____		
☐ Subsequent Actemra IV	☐ 4mg/kg ☐ 8mg/kg ☐ 10mg/kg ☐ 12mg/kg Every ☐ 4 weeks ☐ 2 weeks X _____		
	POST INFUSION		
☐ Flush IV line with NS. D/C IV.			
☐ Flush port with 5-10mL NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
☐ Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		**Date:**	
Referring Provider Phone:		**Referring Provider Fax:**	
406 Provider Printed:			
406 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 initation, 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)