



Regional Order Set

Critically ill Tocilizumab Infusion Orders (For COVID-19 Only)

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Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			
PATIENT LABEL			

Allergies: <input type="checkbox"/> None Known <input type="checkbox"/> Unable to Obtain List with Reactions: _____	Weight: _____ kg Height: _____ cm
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1. INCLUSION CRITERIA

- Patient requires life support because of suspected or confirmed COVID-19, as follows:
 - High-flow oxygen support (e.g. Optiflow) with flow rate greater than 30 L/min and FiO₂ greater than 0.4 **OR**
 - Invasive/non-invasive ventilation **OR**
 - Vasopressor/inotropic support
- Infusion should be administered within 24 hours of initiation of life support

2. EXCLUSION CRITERIA

Do NOT use **tocilizumab** if any of the following:

- Absolute neutrophil count less than 1 X 10⁹/L
- Platelets less than 50 X 10⁹/L
- ALT or AST greater than 5 times upper limit of normal (ULN). Note: use caution if 3 to 5 times ULN.
- Known condition or treatment resulting in ongoing immune suppression including neutropenia prior to hospitalization
- Patient admitted to hospital for more than 14 days with symptoms of COVID-19
- Active serious infection other than COVID-19 (e.g. suspected or confirmed TB)

3. MONITORING

Initial:

- Temp, blood pressure (BP), heart rate (HR), respiratory rate (RR), SpO₂ prior to infusion then q30 minutes during infusion

Post-Infusion:

- Temp, BP, HR, RR, SpO₂ q30 minutes X 1 hour for patients on continuous monitoring vitals (e.g. ICU)
- OR**
- Temp, BP, HR, RR, SpO₂ q30 minutes X 1 hour then q4h x 24 hours for patients NOT on continuous monitoring

4. MEDICATIONS

A. Pre-medications

- ☐ no pre-medications required

OR

- ☐ **acetaminophen** 650 mg PO/NG/PR x 1 dose 15 to 30 minutes prior to infusion
- ☐ **diphenhydramine** 50 mg PO/IV x 1 dose 15 to 30 minutes prior to infusion
- ☐ **dimenhydrinate** 50 mg PO/IV x 1 dose 15 to 30 minutes prior to infusion
- ☐ **methylprednisolone sodium succinate** 125 mg IV x 1 dose 15 to 30 minutes prior to infusion

B. Intermittent Infusion Order

- tocilizumab** 400 mg IV x 1 dose
- Infuse at 10 mL/h X 15 minutes then increase to 130 mL/h until infusion complete (minimum 60 minutes)

Physician signature: _____ College ID: _____ Date: _____ Time: _____

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