



**Regional Order Set**

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

Page 1 of 1

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: _____			
<b>PATIENT LABEL</b>			

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

- CONSULT:** If an intensivist has not already been consulted/involved, a second clinical assessment is required from an intensivist or internist who works in ICU. This is to ensure judicious use and conserve supply.
- 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 FiO<sub>2</sub> 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
- EXCLUSION CRITERIA**  
Do NOT use **tocilizumab** if any of the following:
  - Receiving **baricitinib** for COVID-19
  - Absolute neutrophil count less than 1 X 10<sup>9</sup>/L
  - Platelets less than 50 X 10<sup>9</sup>/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)
- MONITORING**  
*Initial:*
  - Temp, blood pressure (BP), heart rate (HR), respiratory rate (RR), SpO<sub>2</sub> prior to infusion then q30 minutes during infusion*Post-Infusion:*
  - Temp, BP, HR, RR, SpO<sub>2</sub> q30 minutes X 1 hour for patients on continuous monitoring vitals (e.g. ICU) **OR**
  - Temp, BP, HR, RR, SpO<sub>2</sub> q30 minutes X 1 hour then q4h x 24 hours for patients NOT on continuous monitoring
- MEDICATIONS**
  - Pre-medications
    - no pre-medications required
    - 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
    - methyprednisolone sodium succinate** 125 mg IV x 1 dose 15 to 30 minutes prior to infusion
  - Intermittent Infusion Order
    - tocilizumab** 400 mg IV x 1 dose
    - Infuse 10 mL/h x 15 minutes then increase to 130 mL/h until infusion complete (minimum 60 minutes)

*If **tocilizumab** not available:*

  - MRP to complete **10-800-5019 Baricitinib Orders (For COVID-19 Only)**

**Prescriber signature:** \_\_\_\_\_ **College ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

10-800-5014 (IND - VPM/RPM - Rev. - 02/22) Review by December 2024

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