

ACTEMRA infusion orders

Patient Name

DOB

Phone

M

F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis (RA)

Cytokine Release Syndrome (CRS)

Giant Cell Arthritis (GCA)

(other)

Polyarticular Idiopathic Arthritis in > 2yro (PJIA)

Systemic Juvenile Idiopathic Arthritis (SJIA)

PRE-MEDICATION

Tylenol 1000mg PO

Solu-Medrol 125mg IVP

Cetirizine 10mg PO

Solu-Cortef 100mg IVP

Diphenhydramine 25mg PO

Diphenhydramine 25mg IVP

(other)

ACTEMRA ORDERS

DOSAGE	PATIENT WEIGHT
Initial dose of 4mg/kg every 4 weeks, then 8mg/kg every 4 weeks <i>(induction)</i>	lbs.
4mg/kg every 4 weeks	kg
8mg/kg every 4 weeks	
	HEIGHT
	ft
	in

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax