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STONY BROOK  
UNIVERSITY  
MEDICAL CENTER  
Stony Brook, N.Y. 11794

**PHYSICIAN'S ORDER SHEET  
CONTINUATION**

UNIT

Date	Time	<p>ORDERS: <b>Must</b> include physician's signature and ID#  <b>STAT ORDERS MUST BE COMMUNICATED TO NURSE</b>  <b>DO NOT USE PROHIBITED ABBREVIATIONS</b>                      Never use: QD, qd, QOD, qod, ug, U, IU, Apothecary symbols, Apostrophe for time, BIW, TIW, decimal point without a leading zero, Trailing zero after whole number, MS04, MS, MgSO4, any other drug abbreviations.</p>	Transcriber's Initials/ID#
		<p><b>Tocilizumab for Cytokine Release Syndrome (Blincyto/CART)</b>                      Dx: Cytokine Release Syndrome</p> <p>Allergies:                      Height: _____ cm    Weight: _____ kg</p> <p>This is dose number (circle one): 1 2 3 4                      The previous dose was given at: _____ on ___/___/___</p> <p><b>If ≥30kg:</b>                      Give Tocilizumab 8mg/kg = _____ mg (cap 800mg) IVPB in 100mL TOTAL VOLUME 0.9%NaCl on ___/___/___ x 1 dose STAT. Infuse over 60 minutes. To be administered through Dedicated IV Line.</p> <p><b>If &lt; 30kg:</b>                      Give Tocilizumab 12mg/kg = _____ mg (cap 800mg) IVPB in 50mL TOTAL VOLUME 0.9%NaCl on ___/___/___ x 1 dose STAT. Infuse over 60 minutes. To be administered through Dedicated IV Line.</p> <p><b>Administration of tocilizumab should be discussed with attending physician prior to use.</b></p> <p>If clinical improvement does not occur, up to 3 additional doses may be administered with at least 8 hours between consecutive doses.</p> <p>Ref: Package insert.</p>	<p>1/1</p>

**USE BALL POINT PEN ONLY AND PRINT CLEARLY**