Darken in box for STAT order - >

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

* P H 2 C 0 2 6 *

PHYSICIAN'S ORDER SHEET CONTINUATION

UNIT

Date	Time	ORDERS: **Must** include physician's signature and ID# **STAT ORDERS MUST BE COMMUNICATED TO NURSE** **DO NOT USE PROHIBITED ABBREVIATIONS** **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, MSO_4, MS, $MgSO_4$, any other drug abbreviations.**	Transcriber's Initials/ID#
		Tocilizumab for Cytokine Release Syndrome (Haplo related)	**1/1**
		Dx: Cytokine Release Syndrome	
		Allergies: Height: _____cm Weight: _____ kg	
		This is dose number (circle one): 1 2 3 4 The previous dose was given at: _____ on ___/___/___	
		Give Tocilizumab 4mg/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.	
		Administration of tocilizumab should be discussed with attending physician prior to use.	
		If clinical improvement does not occur, up to 3 additional doses may be administered with at least 8 hours between consecutive doses.	
		Ref: Abboud R, et al. BBMT. 2016; 22:1851-1860.	

USE BALL POINT PEN ONLY AND PRINT CLEARLY

PH2CO26 (11/06)

SCAN COPY TO PHARMACY AND PLACE IN MEDICAL RECORDS