

PROTOCOL CODE: SCCRS

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Weight _____

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies are documented on the Allergy & Alert Form

DATE: _____ **Treatment Date:** _____

Clinical symptoms indicative of cytokine release syndrome (CRS) are **fever, rigors, hypotension and hypoxemia**. Signs and symptoms may also include but are not limited to: tachycardia, tachypnea, dyspnea, nausea, vomiting, diarrhea, mental status changes, transaminitis, fatigue, malaise, myalgias, headache, rash

Patients must be closely monitored for early signs and symptoms indicative of CRS.

Page the admitting or covering physician at the first signs of CRS – temperature greater than or equal to 38°C, hypotension (SBP less than 100mmHg or greater than 20mmHg drop from baseline), hypoxia (O2 sat less than 92%) or any significant change in their clinical status.

Agent administered: _____ Time of administration: _____

Admitting Physician: Dr. _____ Contact Number: _____

Daytime Covering Physician: Dr. _____ Contact Number: _____

Overnight Covering Physician: Dr. _____ Contact Number: _____

CRS Management:

If systolic blood pressure less than 100 mmHg or if greater than 20 mmHg drop from baseline, start fluid order below and notify physician:

NaCl 0.9% _____ mL IV fluid bolus over _____ minutes

Any grade

Oxygen to maintain oxygen saturation above 92%

acetaminophen 650 mg to 975 mg PO q4h prn

diphenhydrAMINE 50 mg IV q4h prn

metoclopramide 10 mg PO/ IV q4h prn

ondansetron 8 mg PO/ IV q8h prn

NaCl 0.9% _____ mL IV fluid bolus over _____ minutes or **NaCl 0.9%** IV at _____ mL/h

Grade 1: Fever without hypotension or hypoxia

Avoid treatment interruption – continue infusion and administer symptomatic treatment as per above

Page the admitting physician or covering physician if not already done

Monitor for CRS symptoms including vital signs and pulse oximetry at least Q1H for 12 hours or until resolution of symptoms, whichever is earlier

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SIGNATURE:
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Grade 2: Fever with hypotension responsive to fluids and/or hypoxia requiring low-flow oxygen

Immediately interrupt/delay infusion until event improves to CRS grade ≤ 1

Page the admitting physician or covering physician if not already done.

Vital signs and pulse oximetry at least Q1H, and more frequently if necessary, until resolution of CRS symptoms.

If required:

tocilizumab 8 mg/kg x _____ kg = _____ mg (**maximum 800 mg**) IV in 100 mL NS over 1 hour.

May repeat Q8H based on clinical assessment (maximum 3 doses in 24 hours, 4 doses total)

methylPREDNISolone 1 mg/kg x _____ kg = _____ mg IV Q12H

OR **dexamethasone 10 mg** IV Q6H

salbutamol 5 mg nebulizer for inhalation by nebulizer every 20 minutes PRN (maximum 3 doses)

Other: _____

Draw the following labs

CBC & differential, electrolyte panel, creatinine, ALT, alkaline phosphatase, LDH, bilirubin, lactate, CRP, INR, PTT, fibrinogen. Other labs: _____

Repeat above labs Q4H and prior to discharge (if any abnormalities)

Grade 3 and Grade 4: Fever with hypotension not responding to fluids and/or hypoxia requiring high-flow oxygen.

Immediately stop infusion.

Vital signs q15 minutes or more frequently as ordered until resolution to Grade 2 or less, then q1h until complete resolution of CRS.

Page the admitting physician or covering physician if not already done.

Arrange emergent transfer to higher level of care.

tocilizumab 8 mg/kg x _____ kg = _____ mg (**maximum 800 mg**) IV in 100 mL NS over 1 hour.

May repeat Q8H based on clinical assessment (maximum 3 doses in 24 hours, 4 doses total)

Select one steroid option:

methylPREDNISolone 1 mg/kg x _____ kg = _____ mg IV Q12H

OR **dexamethasone 10 mg** IV Q6H

OR **methylPREDNISolone 1 g** IV daily x 3 days

If required:

epinephrine 1 mg/mL (1:1000) 0.5 mg IM every 5 minutes PRN (maximum 3 doses)

salbutamol 5 mg nebulizer for inhalation by nebulizer every 20 minutes PRN (maximum 3 doses)

Other: _____

Draw the following labs

CBC & differential, electrolyte panel, creatinine, ALT, alkaline phosphatase, LDH, bilirubin, lactate, CRP, INR, PTT, fibrinogen. Other labs: _____

Repeat above labs Q4H and prior to discharge (if any abnormalities)

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: