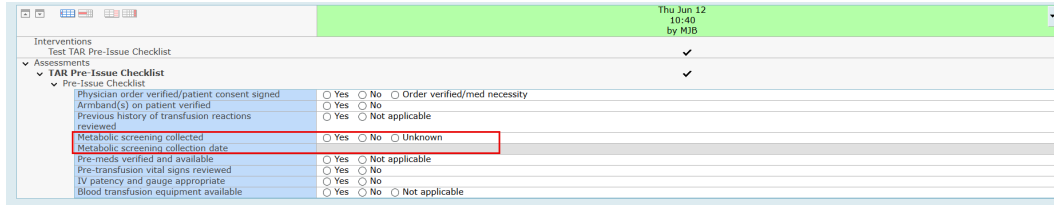


MEDITECH Expanse TIP SHEET

TAR Pre-Issue Checklist



Interventions
Test TAR Pre-Issue Checklist ✓

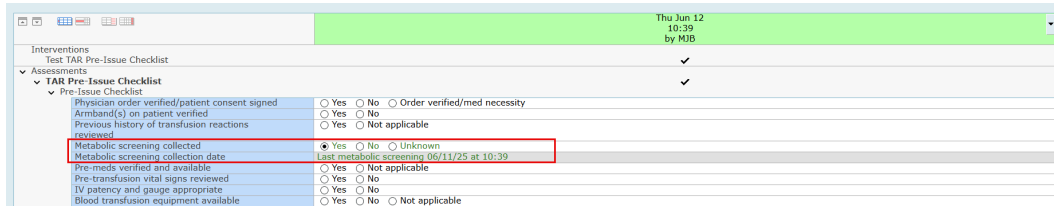
Assessments
✓ TAR Pre-Issue Checklist ✓

Pre-Issue Checklist

Physician order verified/patient consent signed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Order verified/med necessity
Armband(s) on patient verified	<input type="radio"/> Yes <input type="radio"/> No
Previous history of transfusion reactions reviewed	<input type="radio"/> Yes <input type="radio"/> Not applicable
Metabolic screening collected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Metabolic screening collection date	<input type="radio"/> Yes <input type="radio"/> Not applicable
Pre-meds verified and available	<input type="radio"/> Yes <input type="radio"/> No
Pre-transfusion vital signs reviewed	<input type="radio"/> Yes <input type="radio"/> No
IV patency and gauge appropriate	<input type="radio"/> Yes <input type="radio"/> No
Blood transfusion equipment available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

Added queries "Metabolic screening collected" and "Metabolic screening collection date" to the TAR Pre-Issue Checklist.

These queries will not display on the checklist for patients who are 30 days old or older.



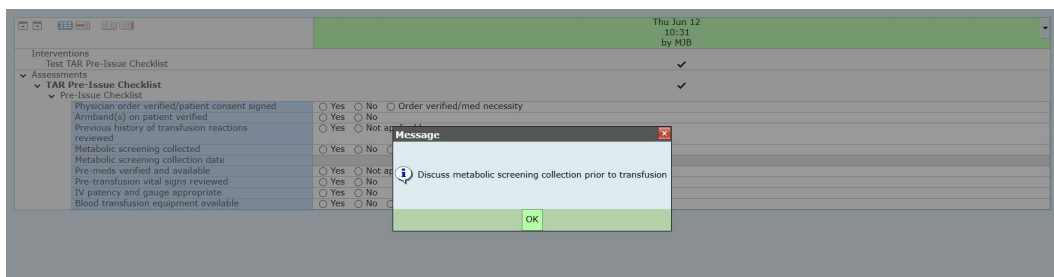
Interventions
Test TAR Pre-Issue Checklist ✓

Assessments
✓ TAR Pre-Issue Checklist ✓

Pre-Issue Checklist

Physician order verified/patient consent signed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Order verified/med necessity
Armband(s) on patient verified	<input type="radio"/> Yes <input type="radio"/> No
Previous history of transfusion reactions reviewed	<input type="radio"/> Yes <input type="radio"/> Not applicable
Metabolic screening collected	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Metabolic screening collection date	Last metabolic screening 06/11/25 at 10:39
Pre-meds verified and available	<input type="radio"/> Yes <input type="radio"/> Not applicable
Pre-transfusion vital signs reviewed	<input type="radio"/> Yes <input type="radio"/> No
IV patency and gauge appropriate	<input type="radio"/> Yes <input type="radio"/> No
Blood transfusion equipment available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

If the patient has had a metabolic screening collected, the query "Metabolic screening collected" will default yes and the last collection date/time will display.



Interventions
Test TAR Pre-Issue Checklist ✓

Assessments
✓ TAR Pre-Issue Checklist ✓

Pre-Issue Checklist

Physician order verified/patient consent signed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Order verified/med necessity
Armband(s) on patient verified	<input type="radio"/> Yes <input type="radio"/> No
Previous history of transfusion reactions reviewed	<input type="radio"/> Yes <input type="radio"/> Not applicable
Metabolic screening collected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Metabolic screening collection date	<input type="radio"/> Yes <input type="radio"/> Not applicable
Pre-meds verified and available	<input type="radio"/> Yes <input type="radio"/> No
Pre-transfusion vital signs reviewed	<input type="radio"/> Yes <input type="radio"/> No
IV patency and gauge appropriate	<input type="radio"/> Yes <input type="radio"/> No
Blood transfusion equipment available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

Message
Discuss metabolic screening collection prior to transfusion
OK

If the nurse selects "No" to "Metabolic screening collected", a pop-up message will display with message: "Discuss metabolic screening collection prior to transfusion."

If the nurse selects “Unknown” to “Metabolic screening collected”, the user continues to the next screening question.

MEDITECH Expanse TIP SHEET

Tocilizumab Clinical Indication Protocol v2



Tocilizumab Clinical Indication v2 Protocol

Protocol

Tocilizumab Clin Indication v2

- Avoid Tocilizumab in the following patients:

- Drug Precautions:
 - On chronic steroids
 - On chronic methotrexate
 - On immunosuppressive anti-rejection therapy

- Lab Precautions:
 - ANC < 500/mm³
 - Platelets < 50,000/mm³
 - AST/ALT > 5x upper limit of normal

- Diseases/conditions:
 - Active infections other than COVID-19
 - Active hepatic disease
 - Hepatitis B or C carriers
 - Active/High risk of GI/bowel perforation or complicated diverticulitis
 - Chronic immune suppressing conditions
 - Pregnancy

* Clinical Indication:

COVID-19

Tocilizumab is now an FDA approved treatment for COVID-19 for adult patients. EUA documentation is no longer required for adult patients (EUA documentation IS still required for pediatric patients)

The Tocilizumab Clinical Indication v2 protocol has been updated to reflect revised Emergency Use Authorization (EUA) for COVID-19.

**Please note that there are no workflow changes when other indications are selected (CAR-T Induced CRS, Juvenile/Rheuma Arthritis, Scleroderm/Syst Sclerosis, Temporal arteritis, and Other). **

Tocilizumab Clinical Indication v2 Protocol (Criteria For Use Section)

* Clinical Indication: COVID-19

- Review facility criteria for use prior to ordering for this patient.
- EUA use is only authorized for patients 2 years through 17 years of age.
- FDA approved for 18 years of age and older.
- ICU patients:
- Admitted to the ICU within the prior 24 hrs requiring one of the following:
 - Mechanical ventilation
 - ECMO
 - Noninvasive ventilation
 - High-flow nasal cannula (HFNC) oxygen
 - (>0.4 FiO2/30 L/min of oxygen flow)

* Provider reviewed criteria for use and patient:

When COVID-19 indication is selected, a new section appears depending on the patient's age:

- If patient is age 18 and older, criteria of use section appears. Provider needs to complete section before submitting order.

Tocilizumab Clinical Indication v2 Protocol (COVID-19 EUA Section)

- Provider to discuss with patient/representative (pt/rep)
- and document the following before ordering.

* Pt/Rep given FDA fact sheet for patient/parents/caregiver:

* Pt/Rep informed of alternatives to receiving this therapy:

* Pt/Rep informed therapy is unapproved & authorized by EUA:

- Please select Yes on one of the following queries
- and print the fact sheet to place the order.


* To print FDA patient fact sheet in ENGLISH, enter Y:

* To print FDA patient fact sheet in SPANISH, enter Y:

- If patient is less than 18 years of age, criteria of use **AND** EUA sections appear.
- Provider needs to complete both sections before submitting order.

Tocilizumab Clinical Indication v2 Protocol (Patient less than 2 years of age message)

Message

 EUA is for patients 2 years through 17 years of age

OK

**Please note that if patient is less than 2 years of age, pop up message appears notifying provider that EUA is for patients 2 years through 17 years of age. **