

Supplemental Figure 1

CRS Grade	Sign or Symptom	Management
Grade 1	Fever	<ul style="list-style-type: none"> • Symptomatic management of constitutional symptoms and organ toxicities • Acetaminophen and hypothermia blanket as needed for fever • Assess for infection, empiric broad spectrum antibiotics • IV fluids as needed • Consider tocilizumab for persistent fever lasting >3 days in patients with significant comorbidities or if patient is deteriorating
Grade 2 <i>All Grade 2 Cardiac telemetry and pulse oximetry, consider ECHO</i>	Hypotension <i>Not requiring vasopressors</i>	<ul style="list-style-type: none"> • IV fluid bolus of NS 500-1000 mL • If patient requires multiple fluids boluses assess fluid balance and consider tocilizumab. • For hypotension refractory to fluid boluses: tocilizumab 8 mg/kg IV. <ul style="list-style-type: none"> ◦ For <u>high risk patients</u> consider tocilizumab + dexamethasone 10 mg IV x one • If no response, consider redosing tocilizumab 8 mg/kg IV (may be repeated every 8 h for up to 3 doses in a 24 h period) • If hypotension persists after fluids boluses and 1-2 doses of tocilizumab, or if patient is not improving or deteriorating: <ul style="list-style-type: none"> ◦ Consider dexamethasone 10 mg IV every 6 hours. ◦ Manage as grade 3 CRS (start vasopressors, transfer to ICU and obtain ECHO) • Symptomatic management of constitutional symptoms and organ toxicities
	Hypoxia <i>(Low-flow nasal cannula → O₂ delivered at ≤ 6 L/min)</i>	<ul style="list-style-type: none"> • Supplemental oxygen as needed • Tocilizumab 8mg/kg IV <ul style="list-style-type: none"> ◦ For <u>high risk patients</u> consider tocilizumab + dexamethasone 10 mg IV x one • If hypoxia persists after above interventions; however oxygen requirement is stable, continue close monitoring. • Tocilizumab may be repeated every 8 h for up to 3 doses in a 24 h period • If oxygen requirement increases or patient deteriorates: <ul style="list-style-type: none"> ◦ Consider dexamethasone 10 mg IV every 6 hours ◦ Manage as Grade 3 CRS • Symptomatic management of constitutional symptoms and organ toxicities
Grade 3	Hypotension <i>Requiring one vasopressor +/- vasopressin</i>	<ul style="list-style-type: none"> • IV fluid boluses as needed, vasopressors as needed • Transfer to ICU, obtain ECHO if not performed already • Tocilizumab if not administered previously • Start dexamethasone 10 mg IV every 6 hours if not started previously. Alternatively methylprednisolone 1 mg/kg IV every 12 hours may be used. • Symptomatic management of constitutional symptoms and organ toxicities
	Hypoxia <i>(High-flow nasal cannula → O₂ delivered at ≥6 L/min)</i>	<ul style="list-style-type: none"> • Supplemental oxygen as needed • Tocilizumab if not administered previously • Start dexamethasone 10 mg IV every 6 hours if not started previously. Alternatively methylprednisolone 1 mg/kg IV every 12 hours may be used. • Symptomatic management of constitutional symptoms and organ toxicities
Grade 4	Hypotension <i>Requiring multiple vasopressors</i>	<ul style="list-style-type: none"> • Vasopressors, tocilizumab and ECHO as above • Consider changing corticosteroids to high dose methylprednisolone 1000mg/day IV. • Symptomatic management of constitutional symptoms and organ toxicities
	Hypoxia <i>Requiring positive pressure</i>	<ul style="list-style-type: none"> • Supplemental oxygen requiring positive pressure ventilations: (CPAP, BiPAP, intubation and mechanical ventilation) • Tocilizumab • Consider changing corticosteroids to high dose methylprednisolone 1000 mg/day IV. • Symptomatic management of constitutional symptoms and organ toxicities