

Place patient identification
sticker here

**DOCTOR'S ORDER SHEET –
PHARMACY - ORENCIA (abatacept)**

Allergies: NKA

Height _____ Weight _____ kg

******UNAPPROVED ABBREVIATIONS******

QD, QOD, MgSO₄, MSO₄, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero(Xmg)

DATE	TIME	ORDERS	NURSE SIGNATURE
		Assign to Outpatient status	
		PREMEDICATIONS:	
		0.9% sodium chloride (NS) IV at KVO	
		<input type="checkbox"/> No pre-medications necessary.	
		<input type="checkbox"/> diphenhydrAMINE _____ mg IV x1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydrAMINE _____ mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> acetaminophen 650mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> methylPRENDISolone sodium succinate _____ mg x 1 dose 30 mins prior to infusion	
		MEDICATION:	
		Orencia (abatacept) in 0.9% NS 100ml IV infusion with a 0.2 to a 1.2 micron filter	
		Dose: <input type="checkbox"/> 500mg (<60kg) <input type="checkbox"/> 750mg (60kg to 100kg) <input type="checkbox"/> 1000mg (>100kg)	
		Route: Intravenous	
		Frequency: <input type="checkbox"/> Once <input type="checkbox"/> Every _____ weeks	
		Infusion Duration: 30 minutes	
		If infusion-related reaction:	
		1.) STOP infusion immediately;	
		2.) Increase 0.9% sodium chloride (NS) infusion to wide open rate;	
		3.) Administer PRN medications per infusion reaction medication ordered;	
		4.) Call Max Cart;	
		5.) Notify MD	
		INFUSION REACTION MEDICATIONS:	
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution)	
		(Note: dilute with 2.5ml of NS for a 2.5mg albuterol/3ml dose)	
		Dose: 2.5mg via nebulizer as needed for shortness of breath/wheezing	
		diphenhydrAMINE injectable	
		Dose: 25mg IV x 1 dose for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved	
		EPINEPHrine 1mg/ml (1:1000) injectable	
		Dose: 0.3mg IM x1 dose as needed for anaphylaxis.	
		methylPRENDISolone sodium succinate 125mg injectable	
		Dose: 125mg IV x1 dose as needed for hypersensitivity	
		NURSING ORDERS:	
		• Weight should be recorded at every visit. Notify physician if weight has changed 10% or greater from baseline	
		• Ensure patient has been screened for viral hepatitis B and C, and TB test prior to the start of treatment	
		• Do not administer abatacept and notify provider if patient has a temperature >100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection	
		• Monitor patient for signs/symptoms of hypersensitivity during infusion and for 30 min post-infusion	
		• Did patient receive MMR vaccine (measles, mumps, rubella vaccine), Rotavirus vaccine, Smallpox vaccine, YF-Vax (Yellow Fever) vaccine, MMRV (measles, mumps, rubella, and chickenpox) vaccine, or chickenpox vaccine within the past 3 months (Document in Meditech Intervention)	
		• Discontinue IV line when therapy complete and patient stabilized	

REFERENCES: Orencia prescribing information **USE BALL POINT PEN FAX TO PHARMACY**

Qualified Medical Provider signature

Date

Time

