



Abatacept (Orencia)

Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Insurance:	Group Number:	Policy Number:
Hospitalization Status:	Patient Weight (kg):	Height (inches):
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
Allergies:		

Send patient demographics/insurance, clinical notes, and test results with orders

Diagnosis Code/Description for treatment:

☐ Rheumatoid Arthritis, unspecified (M06.9)

Orders

Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port

☒ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

Other: _____

Premedication

☐ Diphenhydramine (Benadryl) 25 MG ORAL ONCE

☐ Acetaminophen (Tylenol) 325MG 2 TAB ORAL ONCE

Other: _____

Infusion – Abatacept (Orencia) [J0129 : 10 MG = 1 unit]

***Pharmacy to adjust dosing for Abatacept based on patient's current weight.

FOR patient weighting LESS THAN 60 kg

Abatacept (Orencia) 500 MG in 0.9% Normal Saline Solution to a final volume of 100 mL INTRAVENOUS ONCE over 30 minutes using a 0.2 micron filter PE line tubing (NON-DEHP). Adminster EVERY 2 WEEKS x 3 doses then follow with a maintenance dose EVERY 4 WEEKS.

FOR patient weighting 60 to 100 kg

Abatacept (Orencia) 750 MG in 0.9% Normal Saline Solution to a final volume of 100 mL INTRAVENOUS ONCE over 30 minutes using a 0.2 micron filter PE line tubing (NON-DEHP). Adminster EVERY 2 WEEKS x 3 doses then follow with a maintenance dose EVERY 4 WEEKS.

FOR patient weighting GREATER THAN 100 kg

Abatacept (Orencia) 1000 MG in 0.9% Normal Saline Solution to a final volume of 100 mL INTRAVENOUS ONCE over 30 minutes using a 0.2 micron filter PE line tubing (NON-DEHP). Adminster EVERY 2 WEEKS x 3 doses then follow with a maintenance dose EVERY 4 WEEKS.

Infusion Reaction

☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

Discharge

☒ Discharge home 30 minutes after treatment complete if stable.

Date and Physician Signature

DATE: _____
09592508

TIME: _____

PHYSICIAN'S SIGNATURE