



Print Patient Name (Required)

DOB

Height (cm): _____
 Weight (kg): _____
 BSA (m2): _____
 Allergies: _____

Place Patient Barcode Here

Abatacept (Orencia) Infusion

Admit to:	Diagnosis:	Infusion Date:
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- Port
 Broviac
 PICC
 Place Peripheral IV
 Topical anesthetic per protocol
 Normal Saline/Heparin Flush per protocol

Premedications

- Acetaminophen = _____ mg PO (max dose 1000 mg)
 Diphenhydramine = _____ mg IV or PO (max dose 50 mg)
 Other: _____

Abatacept _____ mg IV in NS once over 30 minutes; *infuse with low protein binding 0.2 micrometer in-line filter*

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital signs at the beginning and the end of the infusion.
Obtain the following labs with IV or central line access prior to the start of infusion: <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> CRP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> UA <input type="checkbox"/> Other: _____
<input type="checkbox"/> Call lab results prior to starting infusion
Fax all lab results to ordering provider
<input type="checkbox"/> Discharge once infusion completed <input type="checkbox"/> Discharge 30 minutes post infusion

PRN medications:

- Ibuprofen (10 mg/kg) = _____ mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)
 Acetaminophen (15 mg/kg) = _____ mg (max 650 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving, must wait at least 4 hrs from any prior dose)
 Ondansetron (0.15 mg/kg) = _____ mg (max 8 mg) IV once prn nausea

Medications for allergic reaction (hives/itching/flushing, etc):

If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medications on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.

- Diphenhydramine (1mg/kg) = _____ mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)
 Famotidine (0.5 mg/kg) = _____ mg (max 20 mg) IV once
 Methylprednisolone (2 mg/kg) = _____ mg (max 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):

- < 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = _____ mg IM once
 10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once
 ≥ 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once

Orders good until this date: _____ Infusion Frequency: _____
 Provider's Signature: _____ Date: _____ Time: _____
 Printed Name: _____

