

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ Other: _____

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

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year

Infusion Appointment Request – 2 hours Every 14 days

Labs: Once

- CBC & Diff
- Comprehensive Metabolic Panel
- C-Reactive Protein
- Sedimentation Rate
- QuantiFERON-TB Gold Plus
- T-Spot Tuberculosis Test

Treatment Conditions (Administer Treatment if):

Tuberculosis Test Negative (within 365 days)

Note: TESTING SHOULD NOT DELAY TREATMENT

Hepatitis B surface antigen and Hepatitis B core antibody NONREACTIVE (within 365 days)

Okay to treat. Include details here: _____

Nursing Orders:

Nursing Communication

RN to counsel patients to avoid live vaccine administration (should not be given within 3 months of treatment).

Order will be done as per appointment frequency

Every 14 days x 3 treatments

Provider Communication:

Patients with juvenile idiopathic arthritis should be up to date on all vaccines prior to the start of abatacept

Order will be done as per appointment frequency

Pre-Medications: Order (if selected) will be done as per appointment frequency selected above

Acetaminophen tablet 650 mg, oral, Once

DiphenhydrAMINE 25mg, once (choose one) tablet, Oral injection, IV

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Attending Physician

Print Name: _____

Print Name: _____

Signature _____

Signature _____

Date _____

Date _____

Contact # _____

Contact # _____

Name: _____
MRN: _____
DOB: _____

Supportive Care:

Order will be done as per appointment frequency

- sodium chloride prime bag 250 ml
250 ml, intravenous, at 0-999, PRN as needed, Prime Bag

Medications:

Order will be done as per appointment frequency

- Abatacept (Orencia®) in NS 100 mL, Intravenous, Once
Starting 60 minutes (1 hour) after treatment start time (**select ONE dose**)
 - 500mg
 - 750mg
 - 1000mg
- Nursing to check vitals before and after infusion.
- Infuse using a 0.2-1.2 micron low-protein binding in-line filter.
- Abatacept Weight-based Dosing:
 - Less than 60 kg = 500 mg; 60 to 100 kg = 750 mg;
 - Greater than 100 kg = 1000 mg

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____