

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 28 days

Labs:

QuantiFERON-TB Gold Plus Once
 T-Spot Tuberculosis Test Once

Labs: Order (if selected) will be done every 84 days (unless specified)

CBC & Diff Once
 Comprehensive Metabolic Panel Once
 C-Reactive Protein Once
 Sedimentation Rate Once

Treatment Conditions (Administer Treatment if): Order will be done as per appointment frequency

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:

Order will be done as per appointment frequency

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

Provider Communication:

Order will be done as per appointment frequency

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

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: _____
Signature _____
Date _____
Contact # _____

Print Name: _____
Signature _____
Date _____
Contact # _____

Name: _____
MRN: _____
DOB: _____

Pre-Medications:

Order will be done as per appointment frequency

- Acetaminophen tablet 650 mg, oral, Once
- DiphenhydrAMINE 25mg, once (choose one) tablet, Oral injection, IV

Supportive Care:

Order will be done as per appointment frequency

- Sodium chloride 0.9% 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

Emergency Medications

Order will be done as per appointment frequency

- Hypersensitivity reaction protocol
Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

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: _____
 Signature _____
 Date _____
 Contact # _____

Print Name: _____
 Signature _____
 Date _____
 Contact # _____