



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

- INDUCTION DOSES:** Interval: Every 14 days x 2 treatments (weeks 0 and 2)
- MAINTENANCE DOSE:** Interval: Every 28 days (start week 8)

Duration:

- Until date: \_\_\_\_\_
- 1 year
- \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

Provider Specialty

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Allergy/Immunology  | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology       |
| <input type="checkbox"/> Cardiology          | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery            |
| <input type="checkbox"/> Gastroenterology    | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology            |
| <input type="checkbox"/> Genetics            | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care         |
| Site of Service                              |   |   |   |
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR)        | <input type="checkbox"/> SH Pennock     | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington                 | <input type="checkbox"/> SH Reed City   | <input type="checkbox"/> SH Zeeland         |

**Appointment Requests**

- Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs. Verify that all INDUCTION/LOADING DOSES have been scheduled and offset appropriately when scheduling MAINTENANCE DOSES.

**Provider Ordering Guidelines**

- ONC PROVIDER REMINDER 2**

ABATACEPT (ORENCIA):

Assess for infection prior to initiating infusion and during therapy. Assess for hypersensitivity reaction.

Tuberculosis surveillance and management: Screen with skin test. Treat latent infection prior to starting therapy.

Hepatitis B surveillance and management: Screen prior to initiating therapy. Refer to specialist as warranted by serology.

Orencia dosing (IV dosing):

Less than 60 kg: 500 mg

60 to 100 kg: 750 mg

Greater than 100 kg: 1,000 mg

If transitioning from IV therapy to SubQ therapy, administer the first SubQ dose instead of the next scheduled IV dose. The subQ dose is given weekly.

Consider rounding dose to the nearest 250 mg vial size.

Abatacept should not be used in combination with anakinra or TNF-blocking agents

**Safety Parameters and Special Instructions**

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**

Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES

Interval

Duration

**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



**Spectrum Health** **ABATACEPT (ORENCIA) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)**

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**Safety Parameters and Special Instructions (continued)**

	Interval	Duration
<input checked="" type="checkbox"/> <b>ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4</b> HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.	Once	1 treatment
<input checked="" type="checkbox"/> <b>ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5</b> TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy.	Once	1 treatment

**Labs**

	Interval	Duration
<input checked="" type="checkbox"/> <b>Hepatitis B Surface Antigen Level</b> Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input checked="" type="checkbox"/> <b>Hepatitis B Core Total Antibody Level</b> Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment
<input checked="" type="checkbox"/> <b>Arrange For Patient To Have Id Tb Skin Test Administered And Read Or Serum Tb Screening Lab Prior To Therapy Or Annually</b>		
<input type="radio"/> <b>ONC PROVIDER REMINDER 28</b> Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.	Once	1 treatment
<input type="radio"/> <b>TB Screen (Quantiferon Gold)</b> Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 treatment

**Vitals**

<input checked="" type="checkbox"/> <b>Vital Signs</b> Routine, EVERY 15 MIN, Starting S For Until specified. Monitor vital signs with Pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.
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**Nursing Orders**

<input checked="" type="checkbox"/> <b>ONC NURSING COMMUNICATION 1</b> ABATACEPT (ORENCIA):  Monitor vital signs with Pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.  Notify provider and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.  Verify that patient has diphenhydramine / Epi-pen ( as appropriate) available for immediate home use. Advise patients and caregivers that reactions may occur during and after infusion including life-threatening anaphylaxis and severe hypersensitivity reactions. Inform patients of the signs and symptoms of anaphylaxis and hypersensitivity reactions, and have them seek medical care should signs and symptoms occur.  Patient to remain in the outpatient clinic for observation for minimum of 30 minutes after each infusion.  Monitor for infection and instruct patient to report any signs or symptoms.
<input checked="" type="checkbox"/> <b>ONC NURSING COMMUNICATION 104</b> Assess patient for infection prior to initiating infusion.
<input checked="" type="checkbox"/> <b>ONC NURSING COMMUNICATION 100</b> May Initiate IV Catheter Patency Adult Protocol

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**Medications**

abatacept (ORENCIA) in sodium chloride 0.9 % 100 mL IVPB

Intravenous, for 30 Minutes, Once, Starting S, For 1 Doses

Dose:

- 500 mg
- 750 mg
- 1000 mg

Administer with an infusion set and a sterile, non-pyrogenic, low-protein-binding filter (pore size of 0.2 micrometer to 1.2 micrometer). Should NOT be infused concomitantly in the same intravenous line with other agents.



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Telephone order/Verbal order documented and read-back completed. Practitioner's initials \_\_\_\_\_

**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.



TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician

EPIC VERSION DATE: