LOUIS H. MEDVED, MD
INFUSION THERAPY

Patient Name:

DOB:

Orencia® (abatacept) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Psoriatic Arthritis (ICD-10) _____ Rheumatoid Arthritis (ICD-10) _____ Other: _____ (ICD-10)

Nursing Orders:

- Hold infusion and notify provider for
  - Signs or symptoms of illness or active infection
  - Planned/recent surgical procedures
  - Recent live vaccinations
- Record vital signs before and after infusion.
- Monitor and record weight at each appointment.
- If infusion-related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Protocol as clinically indicated.

Premedications:

☐ Tylenol 500 mg PO PRN ☐ Loratadine 10 mg PO PRN ☐ Solu-Medrol 125 mg IVP

☐ Benadryl 25 mg PO PRN ☐ Other: _____

Administer _____ mg abatacept in 100 mL 0.9% sodium chloride over a period of 30 minutes using a sterile, non-pyrogenic, low protein-binding **filter** (pore size 0.2 to 1.2 microns).

Current weight: _____ kg

(Recommended dose range: < 60 kg: 500 mg; 60-100 kg: 750 mg; >100 kg: 1000 mg)

Frequency (chose one):

☐ On Week 0, Week 2, Week 4, then every 4 weeks

☐ Every 4 weeks

☐ Every _____ weeks

Additional Orders:

Provider (please print): _____

Provider signature: _____ Date: _____

Revised 10/24/19. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.