INTRAVENOUS ABATACEPT (Orencia®)  
PHYSICIAN ORDER SHEET

NON-MEDICATION ORDERS

**PRE-ABATACEPT INFUSION CHECKLIST**
- Pre-Infusion Screening (assess for S & S of infection, fever, surgery etc.)
- Contact Physician if patient has signs of an active infection prior to Abatacept

**VITALS**
- Vital Signs at Baseline
- Vital Signs following infusion. If infusion reaction occurs, monitor vitals q10 minutes for 30 minutes and continue until reaction resolved.

**BLOODWORK**
- __________________________
- __________________________
- __________________________

**OTHER**
- __________________________
- __________________________
- __________________________

DRUG ALLERGIES

List Drug | Describe Reactions/Allergies
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No known drug reaction/allergies

MEDICATION ORDERS

**TIMING OF ABATACEPT (Orencia®) INFUSIONS**
- Initial Loading Dose: Infusion at Weeks # 0, 2, & 4, then
- Maintenance Dose: Infusion every 4 weeks as outlined in the orders below.
- Duration: □ 52 weeks, or □ ________ weeks or □ ___ infusions

**ABATACEPT (Orencia®) INFUSION**
- Start IV N/S TKVO

Abatacept (Orencia®) 250 mg vial
Infuse over 30 min: □ 500 mg (2 vials: <60 kg/132.3lbs)
□ 750 mg (3 vials: 60-100 kg / 132.3-220.5 lbs)
□ 1000 mg (4 vials: >100kg / 220.5 lbs)
□ Other specify: __________________________

**PRN Meds**
- Diphenhydramine (Benadryl®)25-50 mg IV or PO q4h prn
- Acetaminophen (Tylenol®) 650 mg PO q4h prn
- Dimenhydrate (Gravol ®) 25-50mg IV or PO q4h prn

**POST-ABATACEPT (Orencia®) INFUSION**
- D/C IV post infusion
- D/C Home
- Other: __________________________

PHYSICIAN’S SIGNATURE

PHYSICIAN’S PRINTED NAME

AUTHORIZED PHYSICIAN’S SIGNATURE

YR. | MO. | DAY | TIME