



**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
_____	_____
_____	_____
<input type="checkbox"/> 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
- Dimenhydratate (Gravol ®) 25-50mg IV or PO q4h prn

**POST-ABATACEPT (Orencia®) INFUSION**

- D/C IV post infusion
- D/C Home
- Other: \_\_\_\_\_

PHYSICIAN'S SIGNATURE	YR.	MO.	DAY	TIME
PHYSICIAN'S PRINTED NAME	AUTHORIZED PHYSICIAN'S SIGNATURE			