LEGACY HEALTH	**Legacy Day Treatment Unit Provider's Orders** Adult Ambulatory Infusion Order ABATACEPT (ORENCIA)	**Patient Name:** **Date of Birth:** **Med. Rec. No** (TVC MRN Only):
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

Anticipated Start Date: _____ **Patient to follow up with provider on date:** _____
*****This plan will expire after 365 days, unless otherwise specified below*****
Orders expire: _____

Weight: _____kg **Height:** _____cm

Allergies: _____

Diagnosis: _____ **Diagnosis Code:** _____

GUIDELINES FOR PRESCRIBING:

1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note**
2. COPD is the most frequent side effect of abatacept therapy. Frequent monitoring is recommended.
3. A tuberculosis screening (Tuberculin skin test or QuantiFERON Gold blood test) must result negative within a year prior to initiation of treatment
4. Hepatitis B (Hep B surface antigen AND core antibody) screening must be completed prior to initiation of therapy and the patient should not be infected

PRE-SCREENING: (Results must be available prior to initiation of therapy)

- Hepatitis B Surface AG Result Date: _____ ☐ Positive / ☐ Negative
- Hepatitis B Core AB Qual, Result Date: _____ ☐ Positive / ☐ Negative
- Tuberculin Test Result Date: _____ ☐ Positive / ☐ Negative
- QuantiFERON Gold Test Result Date: _____ ☐ Positive / ☐ Negative

LABS TO BE DRAWN (orders must be placed in TVC Epic by ordering provider if TVC provider):

☐ Basic Metabolic Set, Routine, every _____(visit)(days)(weeks)(months) - **Circle one**
☐ CBC with differential, Routine, every _____(visit)(days)(weeks)(months) - **Circle one**
☐ Other: _____

PRE-MEDICATIONS: (Note: pre-medications are not routinely recommended)

☐ acetaminophen (TYLENOL) tablet: 650 mg by mouth, 30 minutes prior to infusion, every visit
☐ diphenhydramine (BENADRYL) tablet: 25 mg by mouth, 30 minutes prior to infusion, every visit
☐ cetirizine (ZYTREC) tablet: 10 mg by mouth, 30 minutes prior to infusion, every visit

(Choose as alternative to diphenhydramine if needed)
☐ Other: _____ by mouth, 30 minutes prior to infusion, every visit

☐ No routine pre-medications necessary

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MEDICATIONS: (must check at least one):

Initial Dose:

abatacept (Orencia) in NaCl 0.9% (total volume 100 mL) IV over 30 minutes, every visit. Administer through a 0.2 to 1.2 micron low protein-binding filter

- ☐ 500 mg – Patient weight less than 60 kg
- ☐ 750 mg – Patient weighs 60-100 kg
- ☐ 1000 mg – Patient weight greater than 100 kg

Interval: (must check one)

- ☐ Once
- ☐ Three doses at 0, 2, and 4 weeks

Maintenance Dose:

abatacept (Orencia) in NaCl 0.9% (Total volume 100 mL) IV over 30 minutes, every visit. Administer through a 0.2 to 1.2 micron low protein-binding filter

- ☐ 500 mg – Patient weight less than 60 kg
- ☐ 750 mg – Patient weighs 60-100 kg
- ☐ 1000 mg – Patient weight greater than 100 kg

Interval:

- ☐ Every _____ weeks for _____ doses (beginning at week 8)

Adjustments for weight changes: (must check one)

- ☐ Contact provider for weight changes impacting recommended dose
- ☐ Adjust dose for weight changes impacting recommended dose and notify provider of change

AS NEEDED MEDICATIONS:

- acetaminophen 650 mg oral, EVERY 4 HOURS AS NEEDED for headache, fever, chills or malaise
- diphenhydramine 25 mg oral, EVERY 4 HOURS AS NEEDED for itching

NURSING ORDERS (TREATMENT PARAMETERS):

1. Assess for any signs of infection prior to each infusion. Hold therapy if positive and notify physician
2. Vital signs, every visit: Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and at the end of infusion. Stop infusion immediately if reaction occurs.
3. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters
4. Nursing communication orders, every visit: Manage hypersensitivity reactions per LH 906.6606

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HYPERSENSITIVITY MEDICATIONS: Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients

1. diphenhydramine 25-50 mg IV, AS NEEDED x1 for hypersensitivity reaction
2. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
3. hydrocortisone 100 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
4. epinephrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
5. naloxone (Narcan) 0.4 mg IV, AS NEEDED x1 dose for diminished respiratory rate
6. sodium chloride 0.9% 1000 mL IV, AS NEEDED x 1 dose for alteration in hemodynamic status
7. Nursing communication order, every visit: Please follow treatment algorithm for acute infusion reaction.

Please check the appropriate box for the patient's preferred clinic location:

☐ **Legacy Day Treatment Unit – The Vancouver Clinic Building**
A department of Salmon Creek Medical Center
700 NE 87th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773

☐ **Legacy Emanuel Day Treatment Unit**
A department of Emanuel Medical Center
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887

☐ **Legacy Salmon Creek Day Treatment Unit**
Legacy Salmon Creek Medical Center
2121 NE 139th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773

☐ **Legacy Silverton STEPS Clinic**
Legacy Silverton Medical Center
342 Fairview Street
Silverton, OR 97381
Phone number: 503-873-1670
Fax number: 503-874-2483

☐ **Legacy Woodburn STEPS Clinic**
A department of Silverton Medical Center
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Organization/Department: _____