



Print Patient Name (Required)

DOB

Height (cm): _____
 Weight (kg): _____
 BSA (m2): _____
 Allergies: _____

Place Patient Barcode Here

Abatacept (Orencia) Infusion

Admit to:	Diagnosis:	Infusion Date:
<input type="checkbox"/> Port <input type="checkbox"/> Broviac <input type="checkbox"/> PICC <input type="checkbox"/> Peripheral <input type="checkbox"/> Normal Saline/Heparin flush per protocol <input type="checkbox"/> Topical anesthetic per protocol		
Premedication		
<input type="checkbox"/> Acetaminophen = _____ mg PO (max dose 1000mg) <input type="checkbox"/> Diphenhydramine = _____ mg IV or PO (max dose 50mg) <input type="checkbox"/> Other: _____		

Abatacept _____ mg IV in NS once over 30 minutes

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital signs at the beginning and the end of the infusion. Report any changes in status or Vital signs.
Regular diet for age.
Obtain the following labs with IV or central line access prior to the start of infusion: <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> UA <input type="checkbox"/> Other: _____ <input type="checkbox"/> IGG <input type="checkbox"/> IGG/IGA/IGM <input type="checkbox"/> Call lab results prior to starting infusion **Fax all lab results to ordering provider**
<input type="checkbox"/> Discharge once infusion completed <input type="checkbox"/> Discharge 30 minutes post infusion

PRN medications:

- Diphenhydramine (1mg/kg) = _____ mg PO or IV once prn itching
- Ibuprofen (10mg/kg) = _____ mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)
- Acetaminophen (15mg/kg) = _____ mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)
- Ondansetron (0.15mg.kg)= _____ mg PO or IV PRN for nausea/vomiting

Orders good until this date: _____

Provider's Signature: _____ Date: _____ Time: _____

Printed Name: _____

