



Oregon Medical Group
Infusion Center
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Orencia (Abatacept) Infusion Orders

Name: _____ DOB: _____

Diagnosis: _____ ICD-10 Code: _____

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Infuse intravenously Orencia, diluted in Sodium Chloride 0.9% 100ml, over 30 minutes.

500 mg (wt < 60 kg) 750 mg (wt 60-100 kg) 1 gram (wt ≥ 101 kg)

4. Frequency of Orencia administration (please check one):

- Day 1, 2 weeks after day 1, 4 weeks after day 1 then every 4 weeks for _____ months (**No longer than 12 months**)
- Every 4 weeks for _____ months (**No longer than 12 months**)
- Other: _____

5. Pre-medicate with the following medication(s) to help prevent hypersensitivity/ allergic reaction:

___ No routine pre-medications necessary. Below medications may be given if patient has a reaction and requires pre-medications for future doses.

___ Loratadine (Claritin) 10mg PO ___ with each infusion ___ PRN

___ Cetirizine (Zyrtec) 10mg PO ___ with each infusion ___ PRN

___ Diphenhydramine (Benadryl) 25 mg PO or IV ___ with each infusion ___ PRN

___ Acetaminophen (Tylenol) 650mg PO ___ with each infusion ___ PRN

___ Solu-Medrol 40mg IV prior to infusion ___ with each infusion ___ PRN

6. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain)

___ Slow or stop infusion.

___ Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-medications.

___ If reaction continues, give Solu-Medrol 40mg IV push now and repeat before every infusion.

Anaphylaxis (wheezing/dyspnea, hypotension, angioedema, chest pain, tongue swelling)

___ Give Epinephrine 0.3 mg IM. Notify MD. May repeat in 5 – 10 mins if no response

7. Monitor patient for 30 minutes post **1st infusion** for hyper/hypotension, dyspnea, nausea, itching, hives, rash and/or wheezing.

Provider signature: _____ Date: _____

Provider printed name: _____