



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

### ABATACEPT (ORENCIA) MAINTENANCE INFUSION [115000998] Columbia Network Infusion Centers

Select Location:  Southwest/Vancouver  St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

#### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

#### Pre-Screening Labs

- Provider Communication  
Provider to send PPD/Tuberculosis screening and Hep B screening lab results with completed orders.

Labs	Interval
------	----------

- |  |                 |
|--|-----------------|
| <input type="radio"/> Complete Blood Count W/ Automated Differential | Frequency _____ |
| <input type="radio"/> Comprehensive Metabolic Panel                  | Frequency _____ |

Supportive Care	Interval
-----------------	----------

- |  |           |
|--|-----------|
| <input checked="" type="checkbox"/> ABATACEPT IVPB<br>Infuse over 30 minutes; use in-line filter<br>Dose _____ Frequency _____ Every 4 Weeks _____ | Route: IV |
|--|-----------|

Nursing Orders	Interval
----------------	----------

- |  |             |
|--|-------------|
| <input checked="" type="checkbox"/> Nursing Communication<br>FOR INFUSION/ALLERGIC REACTION: Slow OR stop Abatacept infusion. FLUSH Abatacept line with normal saline before administering PRN medications. Vital Signs: every 15-30 MINUTES as needed. If reaction resolves, then resume infusion at half the previous rate. If reaction worsens, discontinue infusion, maintain IV site until vital signs and conditions become stable, notify MD. | Every Visit |
| <input checked="" type="checkbox"/> Nursing Communication<br>Anaphylaxis (wheezing, dyspnea, hypotension, angioedema, chest pain, tongue swelling) and patient does not respond to diphenhydramine or methylprednisolone: give epinephrine, notify MD, and transfer to ED as needed.   | Every Visit |
| <input checked="" type="checkbox"/> Nursing Communication<br>Patient may be discharged when vital signs are stable, patient does not display any evidence of adverse reaction, and infusion is complete or discontinued.   | Every Visit |

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

Vascular Access (single select)	Interval
---------------------------------	----------

- |                       |  |             |
|-----------------------|--|-------------|
| <input type="radio"/> | IV<br>- Insert peripheral IV<br>- sodium chloride (NS) flush 10 mL<br><i>10 mL As Needed for Line Care</i> | Every Visit |
|-----------------------|--|-------------|
- |                       |   |             |
|-----------------------|---|-------------|
| <input type="radio"/> | Central line (non-PICC)<br>- Access vascular device and confirm patency<br>- Initiate Central line (non-PICC) maintenance protocol<br>- sodium chloride (NS) flush 10 mL<br><i>10 mL As Needed for Line Care prior to medication administration PRN</i><br>- sodium chloride (NS) flush 10 mL<br><i>10 mL As Needed for Line Care post medication administration PRN</i><br>- sodium chloride (NS) flush 20 mL<br><i>20 mL As Needed for Line Care post lab draw PRN</i><br>- sodium chloride (NS) flush 10 mL<br><i>10 mL for Line Care at discharge and de-access every visit</i><br>- heparin 100 units/mL 5 mL<br><i>5 mL for de-access PRN</i><br>- alteplase (CATHFLO) injection 2 mg<br><i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i> | Every Visit |
|-----------------------|---|-------------|
- |                       |   |             |
|-----------------------|---|-------------|
| <input type="radio"/> | PICC line<br>- Access vascular device and confirm patency<br>- Initiate PICC maintenance protocol<br>- Nursing Communication<br><i>Change PICC line dressing weekly and PRN</i><br>- sodium chloride (NS) flush 10 mL<br><i>10 mL As Needed for Line Care prior to medication administration PRN</i><br>- sodium chloride (NS) flush 10 mL<br><i>10 mL As Needed for Line Care post medication administration PRN</i><br>- sodium chloride (NS) flush 20 mL<br><i>20 mL As Needed for Line Care post lab draw PRN</i><br>- alteplase (CATHFLO) injection 2 mg<br><i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i> | Every Visit |
|-----------------------|---|-------------|

PRN Medications	Interval
-----------------	----------

- |                       |  |                                    |
|-----------------------|--|------------------------------------|
| <input type="radio"/> | sodium chloride (NS) flush 10 mL<br><i>10 mL As Needed for Line Care</i> | PRN                      Route: IV |
|-----------------------|--|------------------------------------|
- |                       |  |                                    |
|-----------------------|--|------------------------------------|
| <input type="radio"/> | sodium chloride 0.9 % bolus 500 mL<br><i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> | PRN                      Route: IV |
|-----------------------|--|------------------------------------|

---

Provider Signature	Date	Time
--------------------	------	------

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

**Emergency Medications****Interval**

- | <b>X</b> |  | <b>PRN</b> | <b>Route: IV</b>            |
|----------|--|------------|-----------------------------|
|          | diphenhydrAMINE (BENADRYL) injection 25-50 mg<br><i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.</i> |            |                             |
|          | albuterol 90 mcg/actuation inhaler 2 puff<br><i>2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i>   | <b>PRN</b> | <b>Route: Inhalation</b>    |
|          | methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg<br><i>125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>  | <b>PRN</b> | <b>Route: IV</b>            |
|          | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg<br><i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (&gt;= 40 points in SBP), shortness of breath with wheezing and O2Sat &lt;90%), and contact provider.</i>  | <b>PRN</b> | <b>Route: Intramuscular</b> |

---

 Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

Page 3 of 3

EHR5007-DT (12/08/2024)

**ABATACEPT (ORENCIA) MAINTENANCE INFUSION**