



**Cottage Grove Infusion**  
**1515 Village Drive**  
**Cottage Grove, OR 97424**  
**Phone 541-767-5447 Fax 541-767-5399 E-Fax 541-434-3164**

**Abatacept (ORENCIA) INFUSION (v. 05/16/2024)**

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

\* Hepatitis B (Hep B surface antigen and core antibody total) and tuberculosis (QuantIFERON gold or T-spot) screening must be completed and negative prior to initiation of treatment. Patient needs CBC with differential, CMP prior to starting treatment.

**Medications:**

- Abatacept infuse intravenously over 30 minutes diluted in 100 mL normal saline. Use in-line filter

**Circle appropriate dose:**                      500 mg (wt < 60 kg)                      750 mg (wt 60-100 kg)                      1 gram (wt > 100kg)

**Choose frequency:**

- .. 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: \_\_\_\_\_

**Labs:**

- CBC with differential, CMP every 8 weeks

**Nursing communications:**

- Vital signs: Initial and every 15-30 minutes as needed
- Monitor patient for 30 minutes post 1<sup>st</sup> infusion for hyper/ hypotension, dyspnea, nausea, itching, hives, rash and wheezing
- For infusion/ allergic reaction slow or stop infusion. Flush abatacept line with normal saline before administering PRN medications. If reaction resolves, then resume infusion at half the previous rate. If reaction worsens, discontinue infusion, maintain IV site until vital signs and condition becomes stable, and notify provider.

**Access:**

- .. **Insert peripheral IV**
  - Every visit, remove after IV administration complete
- .. **Access & Use Central Line/ CVAD**
  - **Initiate Central Line (Non-PICC) Maintenance Protocol**
  - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. **Access & Use PICC**
  - **Initiate PICC Maintenance Protocol**
  - Normal saline flush 3 mL as needed for PICC/ Hickman line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Patient name: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

DOB: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



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**Emergency Medications:** (Emergency medications can be given IM if IV route unavailable)

- Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritic).  
-- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name: \_\_\_\_\_

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DOB: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_