

Height _____ Weight ____

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)

	is B (Hep B surface antigen and core antibody total) and tuberculosis (QuantiFERON gold or T-spot) screening must be d and negative prior to initiation of treatment. Patient needs CBC with differential, CMP prior to starting treatment.
Medicatio	ns:
-	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)
Choo	<u>se</u> 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:
Iabs: ■	CBC with differential, CMP every 8 weeks
	ebe with uniceditally every 6 weeks
Nursing co	mmunications:
	Vital signs: Initial and every 15-30 minutes as needed
	Monitor patient for 30 minutes post 1st 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 react es, then resume infusion at half the previous rate. If reaction worsens, discontinue infusion, maintain IV site until vital signs and condition be , and notify provider.
Access:	
Access:	Insert peripheral IV
Access:	Insert peripheral IV - Every visit, remove after IV administration complete
Access:	
	- Every visit, remove after IV administration complete
	 Every visit, remove after IV administration complete Access & Use Central Line/ CVAD
Access:	 Every visit, remove after IV administration complete Access & Use Central Line / CVAD Initiate Central Line (Non-PICC) Maintenance Protocol
	 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.
	 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
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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 (>/= 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 (>/= 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:	Provider printed name:
OOB:	Provider signature:
Height Weight	Date: Time: