

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

ABATACEPT (ORENCIA) LOADING DOSE [11500071] Therapy Plan To Be Used In Infusion Center

| Infusion Center Location: | | Start Date: | | | | | |
|---------------------------|--|---|-----------------|---------------------|--|--|--|
| Diagnosis/Indication: | | | | | | | |
| Authori | zation Number: | | | | | | |
| Patient Name | | | | | | | |
| Provi | der Communication Orders | Interval | | | | | |
| | Provider Communication | Once | | | | | |
| | Starting when released Confirm that patient has negative PPD/Tuberculosis screening & Hepatitis B screening prior to starting treatment. | | | | | | |
| | Provider Communication | Once | | | | | |
| | | Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access. | | | | | |
| Supp | ortive Care | Interval | Interval | | | | |
| | ABATACEPT IVPB | | Route: | | | | |
| | Starting when released, For 1 dose, Infuse over 30 minutes; use in-line filter. Dose Frequency | | | | | | |
| Labs | | Interval | | | | | |
| | Complete Blood Count with Automated Differen | ntial Once | | | | | |
| | Starting when released | | | | | | |
| | Comprehensive Metabolic Panel | Once | | | | | |
| | Starting when released | | | | | | |
| | Treatment Lab Instructions | Every 14 da | iys | | | | |
| | Starting when released Nursing to release the following labs: -CBC with Differential, -CMP, Provider approves to Release and Draw labs 2 days Pre & Post this Planned Treatment Date. | | | | | | |
| Nursi | ng Communication | Interval | | | | | |
| | Nursing Communication | Once | | | | | |
| | Starting when released Provider Communication: Confirm that patient has negative PPD/Tuberculosis screening & Hepatitis B screening prior to starting treatment. | | | | | | |
| Nursi | ng Orders | Interval | Interval | | | | |
| | Nursing Communication | Every visit | | | | | |
| | Starting when released 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 vitals signs and conditions become stable, notify MD. | | | | | | |
| | Nursing Communication | Every visit | | | | | |
| | Starting when released ANAPHYLAXIS tongue swelling) and patient does not respondentify MD, and transfer to ED as needed. | | | | | | |
| | Provider Signature | EHR User ID Date | | Time | | | |
| Initials | ŭ | 555. ID Date | | | | | |
| minuio | | Page 1 of 3 | EHDO | 169-DT (06/13/2024) | | | |
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| | Nursing Communication | Evei | ry visit | | | |
|----------|---|-----------------------|------------|-------------------------|--|--|
| | Starting when released Patient may be any evidence of adverse reaction, and infusion | | | | | |
| | Insert peripheral IV | PRN | I | | | |
| | Starting when released | | | | | |
| | Access & Use Central Line/CVAD | PRN | I | | | |
| | Starting when released Access vascular | r device and confi | rm patency | | | |
| | Access & Use Central Line/CVAD | PRN | l | | | |
| | Starting when released Access vascular | r device and confi | rm patency | | | |
| | sodium chloride (NS) flush 10 mL | PRN | l | Route: IV | | |
| | Line Care, Starting when released | | | | | |
| | Initiate Central Line (Non-PICC) Maintenance F | Protocol PRN | 1 | | | |
| _ | Starting when released | | | | | |
| | Initiate PICC Maintenance Protocol | PRN | | | | |
| _ | Starting when released | | | | | |
| | sodium chloride 0.9 % injection 10 mL | PRN | l | Route: IV | | |
| | Other, Line Care prior to medication adm | | | | | |
| | Nursing Communication | PRN | - | accou. | | |
| | Starting when released Change PICC li | | | eeded. | | |
| | sodium chloride 0.9 % injection 10 mL | PRN | - | Route: IV | | |
| Ц | Other, Line Care post medication adminis | | | | | |
| | sodium chloride 0.9 % injection 10 mL | PRN | | Route: IV | | |
| Ц | Other, Line Care prior to medication adm | | | | | |
| | sodium chloride 0.9 % injection 20 mL | PRN | - | Route: IV | | |
| ш | • | | • | Note. IV | | |
| | Other, Line Care post lab draw, Starting sodium chloride 0.9 % injection 10 mL | wrien released PRN | | Route: IV | | |
| | · | | | | | |
| | Other, Line Care post medication administration sodium chloride 0.9 % injection 10 mL | PRN | | Route: IV | | |
| | • | | | | | |
| | Other, Line Care at discharge and de-acc | | | | | |
| | sodium chloride 0.9 % injection 20 mL | PRN | l | Route: IV | | |
| | Other, Line Care post lab draw, Starting | | | D | | |
| | heparin, porcine (PF) 100 unit/mL flush 500 Uni | | l | Route: IV | | |
| | Line Care, for de-access, Starting when i | | | | | |
| | alteplase (CATHFLO) injection 2 mg | PRN | | Route: Intra-Catheter | | |
| | Other, Line Care, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterili water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirli 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. | | | | | |
| | | | | | | |
| | Provider Signature | EHR User ID | Date | Time | | |
| Initials | | | | | | |
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| | alteplase (CATHFLO) injection 2 mg | PRN | l | Route: Intra-Catheter | | |
|----------|---|---|--|--|--|--|
| | Other, Line care, Starting when released water for injection to vial; let the vial stand until completely dissolved (complete dissoluconcentration: 1 mg/mL. Retain in catheter for | ndisturbed to allov tion should occur | v large bubble within 3 minut | es to dissipate. Mix by gently swirling tes); do not shake. Final | | |
| PRN I | Medications | Inte | rval | | | |
| | sodium chloride (NS) flush 10 mL | PRN | l | Route: IV | | |
| | 10 mL As Needed IV Line Care, Starting v | when released | | | | |
| | sodium chloride 0.9 % bolus 500 mL | PRN | l | Route: IV | | |
| | 500 mL Once As Needed IV Line Care, S | tarting when relea | sed, Run at T | KO (25ml/hr) | | |
| Emer | gency Medications | Inte | rval | | | |
| | diphenhydrAMINE (BENADRYL) injection 25-5 | 0 mg PRN | I | Route: IV | | |
| | 25 to 50 mg Once As Needed IV Other, F diaphoresis, fever, palpitations, chest disconurticaria, chills, pruritis), For 1 dose, Adminis of reaction. Administer 25 mg IV if patient har resolve in 3 minutes may repeat 25mg IV do | mfort, blood pressu ster 50 mg IV if pa as had diphenhydr | ire changes (tient has NOT amine within : | >/= 20 points in SBP), nausea, - had diphenhydramine within 2 hours 2 hours of reaction, if reaction doesn'd | | |
| | albuterol 90 mcg/actuation inhaler 2 puff | PRN | l | Route: Inhalation | | |
| | 2 puff Once As Needed Inhalation Wheez with infusion reaction and notify provider, St | | | | | |
| | methylPREDNISolone sodium succinate (Solu- MEDROL) injection 125 mg | - PRN | I | Route: IV | | |
| | 125 mg Once As Needed IV For shortnes reactions (flushing, dizziness, headache, dia changes (>/= 20 points in SBP), nausea, urt diphenhydramine (Benadryl), and notify prov | aphoresis, fever, p icaria, chills, prurit | alpitations, ch is) that worse | nest discomfort, blood pressure on or persist after administration of | | |
| | EPINEPHrine (ADRENALIN) injection 0.5 mg | PRN | I | Route: Intramuscular | | |
| | 0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shown of breath with wheezing and O2Sat <90%), and notify provider, For 1 dose | | | | | |
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| | | | | | | |
| | Presiden Cinnet | | | | | |
| | Provider Signature | EHR User ID | Date | Time | | |
| Initials | | | | | | |
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