

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.

	n Center Location:	Start Date:		
Diagno	sis/Indication:			
	zation Number:			
	Name			
				• • • • •
		Interval	Doutor	
	ABATACEPT IVPB Starting when released, For 1 dose, Infus Dose Frequency		Route: in-line filter	
Labs		Interval		
	Complete Blood Count with Automated Differen	tial Once		
	Starting when released			
	Comprehensive Metabolic Panel	Once		
	Starting when released			
	Treatment Lab Instructions	Every 56 d	days	
	Starting when released Nursing to relea approves to Release and Draw labs 2 days F			ial, -CMP, Provider
Provi	der Communication Orders	Interval		
	Provider Communication	Once		
	Starting when released Select most app selecting a central line access set of orders,			ss / central line - if
Nursi	ng Orders	Interval		
	Nursing Communication	Every visit	1	
	Starting when released FOR INFUSION Abatacept line with normal saline before adn needed. If reaction resolves, then resume inf infusion, maintain IV site until vital signs and	ninistering PRN medication iusion at half the previou	tions. Vital Signs: us rate. If reaction	every 15-30 MINUTES as
	Nursing Communication	Every visit	1	
	Starting when released Anayphylaxis (v swelling) and patient does not respond to dip			
	and transfer to ED as needed.			
		Every visit	t	
	and transfer to ED as needed.	discharged when vital s	igns are stable, pa	atient does not display an
	and transfer to ED as needed. Nursing Communication Starting when released Patient may be	discharged when vital s	igns are stable, pa	atient does not display an
	and transfer to ED as needed. Nursing Communication Starting when released Patient may be evidence of adverse reaction, and infusion is	discharged when vital s complete or discontinu	igns are stable, pa	atient does not display an
	and transfer to ED as needed. Nursing Communication Starting when released Patient may be evidence of adverse reaction, and infusion is Insert peripheral IV	discharged when vital s complete or discontinu	igns are stable, pa	atient does not display an
	and transfer to ED as needed. Nursing Communication Starting when released Patient may be evidence of adverse reaction, and infusion is Insert peripheral IV Starting when released	discharged when vital s complete or discontinu PRN PRN	igns are stable, pa ed.	atient does not display an
	and transfer to ED as needed. Nursing Communication Starting when released Patient may be evidence of adverse reaction, and infusion is Insert peripheral IV Starting when released Access & Use Central Line/CVAD	discharged when vital s complete or discontinu PRN PRN	igns are stable, pa ed. tency.	atient does not display an
	and transfer to ED as needed. Nursing Communication Starting when released Patient may be evidence of adverse reaction, and infusion is Insert peripheral IV Starting when released Access & Use Central Line/CVAD Starting when released Access vascula	discharged when vital s complete or discontinu PRN PRN r device and confirm pa	igns are stable, pa ed. tency.	
	and transfer to ED as needed. Nursing Communication Starting when released Patient may be evidence of adverse reaction, and infusion is Insert peripheral IV Starting when released Access & Use Central Line/CVAD Starting when released Access vascula	discharged when vital s complete or discontinu PRN PRN r device and confirm pa EHR User ID Dat	igns are stable, pa ed. tency. e	Time
	and transfer to ED as needed. Nursing Communication Starting when released Patient may be evidence of adverse reaction, and infusion is Insert peripheral IV Starting when released Access & Use Central Line/CVAD Starting when released Access vascula	discharged when vital s complete or discontinu PRN r device and confirm pa EHR User ID Dat Page 1 of 3	igns are stable, pa ed. tency. e	Time 168-DT (06/13/2024)

	Access & Use Central Line/CVAD	PRN					
	Starting when released Access vascular device and confirm patency.						
	sodium chloride (NS) flush 10 mL	PRN	Route: IV				
	Line Care, Starting when released						
	Initiate Central Line (Non-PICC) Maintenance F	Protocol PRN					
	Starting when released						
	Initiate PICC Maintenance Protocol	PRN					
	Starting when released						
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV				
	Other, Line Care prior to medication adm	ninistration, Starting when relea	ased				
	Starting when released Change PICC I	ine dressing weekly and as nee	eded.				
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV				
_	Other, Line Care post medication admini	istration, Starting when release	d				
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV				
	Other, Line Care prior to medication adm	ninistration, Starting when relea	ased				
	sodium chloride 0.9 % injection 20 mL	PRN	Route: IV				
	Other, Line Care post lab draw, Starting	when released					
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV				
	Other, Line Care post medication admini	istration, Starting when release	d				
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV				
	Other, Line Care at discharge and de-ac	cess, Starting when released					
	sodium chloride 0.9 % injection 20 mL	PRN	Route: IV				
	Other, Line Care post lab draw, Starting	when released					
	heparin, porcine (PF) 100 unit/mL flush 500 Un	nits PRN	Route: IV				
	Line Care, for de-access, Starting when	released					
	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 sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by 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.						
	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 sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by 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						
PRN	Medications	Interval					
	sodium chloride (NS) flush 10 mL	PRN	Route: IV				
	10 mL As Needed IV Line Care, Starting w	when released					
	sodium chloride 0.9 % bolus 500 mL	PRN	Route: IV				
	500 mL Once As Needed IV Line Care, S	tarting when released, Run at T	ГКО (25ml/hr)				
	Provider Signature	EHR User ID Date	Time				
		EHR User ID Date	Time				
Initials							
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ABATACEPT (ORENCIA) MAINTENANCE INFUSION							
I	Place Patient Label Here	F	Prog & Orders				

Emer	gency Medications	Interval				
	diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN	Route: IV			
	25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, 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' resolve in 3 minutes may repeat 25mg IV dose for a total of 50 mg, and notify provider					
	albuterol 90 mcg/actuation inhaler 2 puff	PRN	Route: Inhalation			
	2 puff Once As Needed Inhalation Wheezing, S with infusion reaction and notify provider, Starting					
	methyIPREDNISolone sodium succinate (Solu- MEDROL) injection 125 mg	PRN	Route: IV			
	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 (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (BenadryI), and notify provider, Starting when released, For 1 dose					
	EPINEPHrine (ADRENALIN) injection 0.5 mg	PRN	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), shortness of breath with wheezing and O2Sat <90%), and notify provider, For 1 dose					

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