

Pediatric Orencia Infusion Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: Prior to first infusion Hep B and PPD/Quantiferon Gold (fax with order, required prior to scheduling).

Infusion Therapy:

- Orencia (abatacept) _____ mg IV over 30mins **ICD 10 code:** _____
- Frequency:** Week 0, 2, and 4, then every _____ weeks (loading and maintenance) **OR**
- Frequency:** every _____ weeks (maintenance)

Pre-Meds: Administer 30 minutes prior to Orencia

- Acetaminophen _____ mg PO x 1
- Benadryl _____ mg PO or _____ mg IV x 1
- SoluMedrol _____ mg IV x 1
- EMLA cream PRN prior to IV start

Anaphylaxis Medications:

- Epinephrine (1:1000) _____ mg SQ/IM; may be repeated after 5mins
- SoluMedrol _____ mg IV
- Benadryl _____ mg IV

Additional Orders:

Special Instructions:

- Labs: **CBC with diff, ESR, CRP, CMP** Frequency: **every infusion**
- Infuse using a sterile, non-pyrogenic, low-protein-binding 0.2-micron to 1.2-micron filter.
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Assess for drug-drug interactions (e.g. TNF antagonists, other biologic RA therapies)

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion.
- Do not administer if a patient has a temperature greater than 100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection
- Monitor for any signs of reaction for 30 minutes after 1st infusion and subsequent infusions PRN if previous signs of reaction observed.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: