|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Nulojix (belatacept)** | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  EBV-VCA Antibody IgG | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | | **ICD10/Secondary Diagnosis:** | | | | |
| **Height:** | **Weight:** | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | **Frequency** | | | | |
| Nulojix (belatacept) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mg  over 30mins | | | | | Every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | |
| **Medication** | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| Benadryl | | |  | IVP | Solu-Medrol | | |  | IVP |
| Benadryl | | |  | PO | Tylenol | | |  | PO |
| Loratadine | | |  |  | Zofran | | |  | IVP |
|  | | |  |  |  | | |  |  |
| **PRN MEDS:**  Zofran 4mg IV every 3 hours PRN nausea/vomiting  Ibuprofen 800mg PO every 8 hours PRN pain | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided)**  **Labs to be drawn over treatment course by facility:**  **NO LABS REQUIRED** | | | | | | | | | |
| **LAB** | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
|  | |  | | |  | |  | | |
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|  | |  | | |  | |  | | |
| **Nursing Communication/Orders** | | | | | | | | | |
| * Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion. * Monitor for signs of reaction for 30 mins after completion PRN if previous signs of reaction observed | | | | | | | | | |