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| --- | --- |
| **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** |
| [x]  Nulojix (belatacept) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mg  over 30mins | [x]  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:**[x]  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
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