Spectrum Health Helen DeVos children's hospital

Physician's Orders ABATACEPT (ORENCIA) - PEDIATRIC, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:
- ☐ **INITIAL DOSES:** Interval: Every 14 days x 2 treatments
- ☐ **MAINTENANCE DOSES:** Interval: Every 28 days (starting on Day 28 after second initial dose)

Duration:
- ☐ Until date: _____
- ☐ 1 year
- ☐ _____# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs. Verify that all INDUCTION/LOADING DOSES have been scheduled and offset appropriately when scheduling MAINTENANCE DOSES.

Safety Parameters and Special Instructions

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6
Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES

Provider Reminder

☑ ONC PROVIDER REMINDER 4
Premedication is not required. For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions" Therapy Plan.

Treatment Parameters

☐ Complete Blood Count w/Differential
STAT, Starting S, For 1 Occurrences, Blood, Venous

☐ Comprehensive Metabolic Panel (CMP)
STAT, Starting S, For 1 Occurrences, Blood, Venous

☐ Gamma Glutamyl Transferase (GGT) Level
STAT, Starting S, For 1 Occurrences, Blood, Venous

☐ Lactate Dehydrogenase (LDH)
STAT, Starting S, For 1 Occurrences, Blood, Venous

☐ Creatine Kinase (CK) Level
STAT, Starting S, For 1 Occurrences, Blood, Venous

☐ Sedimentation rate
STAT, Starting S, For 1 Occurrences, Blood, Venous

☐ C Reactive Protein (CRP), Blood Level
STAT, Starting S, For 1 Occurrences, Blood, Venous

CONTINUED ON PAGE 2 ➔

NOTE: ***Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.***

Patient Name

DOB

MRN

Physician

FIN

Treatment Parameters (continued)

- ☐ Urinalysis (UA)
  STAT, Starting S, For 1 Occurrences, Urine, clean catch
- ☐ Ferritin, Blood Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☐ Iron and Iron Binding Capacity Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☐ IgA, Blood Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☐ IgG, Blood Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☐ IgM, Blood Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☐ C3 Complement, Blood Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☐ C4 Complement, Blood Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☐ Anti-dsDNA Antibody
  STAT, Starting S, For 1 Occurrences, Blood, Venous

Additional Lab Orders

☐ _____	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
☐ _____	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

Provider Ordering Guidelines

	Interval	Duration
☑ ONC PROVIDER REMINDER 17 Orencia dosing: Consider rounding dose to the nearest 250 mg vial size.	Once	1 treatment

Pre-Medications

☐ Pre-medication with dose: _____

☐ Pre-medication with dose: _____

Medications

☑ abatacept (ORENCIA) in sodium chloride 0.9 % IVPB
Dose:
- ☐ 10 mg/kg for patients less than 75 kg
- ☐ 750 mg for patients 75 to 100 kg
- ☐ 1,000 mg for patients >100 kg
- ☐ _____mg/kg OR _____mg

Intravenous, Administer over 30 Minutes, Once, Starting S

Nursing Orders

CONTINUED ON PAGE 3 ➔

Patient Name

DOB

MRN

Physician

FIN

☑ ONC NURSING COMMUNICATION 5

- Please notify the Pediatric Rheumatologist attending when the patient arrives on the floor.

- Infuse through a 0.2-micron, low protein binding inline filter.

- Do not shake.

- Do not administer if solution is discolored or if foreign particulate matter is present.

- Monitor vital signs with Pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.

- Notify provider, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

- At the end of infusion, flush secondary line with 0.9% Sodium Chloride.

- Verify that patient has diphenhydramine / Epi-pen (as appropriate) available for immediate home use. Advise patients and caregivers that reactions may occur during and after infusion including life-threatening anaphylaxis and severe hypersensitivity reactions. Inform patients of the signs and symptoms of anaphylaxis and hypersensitivity reactions and have them seek medical care should signs and symptoms occur.

- Patient to remain in the outpatient clinic for observation for minimum of 30 minutes after each infusion.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		**VALIDATED:**		**ORDERED:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician**

EPIC VERSION DATE: 03/19/20

