Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

Physician's Orders
ABATACEPT (ORENCIA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER
Page 1 to 3

Defaults for orders not otherwise specified below:
- ☐ **INDUCTION DOSES**: Interval: Every 14 days x 2 treatments (weeks 0 and 2)
- ☐ **MAINTENANCE DOSE**: Interval: Every 28 days (start week 4)

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

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ CH Gerber	☐ CH Lemmen Holton (GR)	☐ CH Pennock	☐ CH Greenville
☐ CH Helen DeVos (GR)	☐ CH Ludington	☐ CH Reed City	☐ CH Zeeland
☐ CH Blodgett (GR)			

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

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.

Provider Ordering Guidelines

☑ ONC PROVIDER REMINDER 2

Routine, Once Starting when released

ABATACEPT (ORENCIA):

Assess for infection prior to initiating infusion and during therapy. Assess for hypersensitivity reaction.

Tuberculosis surveillance and management: Screen with skin test. Treat latent infection prior to starting therapy.

Hepatitis B surveillance and management: Screen prior to initiating therapy. Refer to specialist as warranted by serology.

Orencia dosing (IV dosing):

Less than 60 kg: 500 mg

60 to 100 kg: 750 mg

Greater than 100 kg: 1,000 mg

If transitioning from IV therapy to SubQ therapy, administer the first SubQ dose instead of the next scheduled IV dose. The subQ dose is given weekly.

Consider rounding dose to the nearest 250 mg vial size.

Abatacept should not be used in combination with anakinra or TNF-blocking agents

Safety Parameters and Special Instructions

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6

CONTINUED ON PAGE 2 ➔

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

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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Safety Parameters and Special Instructions (continued)

Routine, Until discontinued Starting when released Until Specified
Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
Routine, Until discontinued Starting when released Until Specified
HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
Routine, Until discontinued Starting when released Until Specified
TUBERCULOSIS SURVEILLANCE AND MANAGEMENT RECOMMENDATIONS: Screen prior to treatment. Treat latent infection prior to starting therapy.

Labs

☑ Hepatitis B Surface Antigen Level
URGENT, Clinic Collect, Status: Future, Expected: S, Expires: S+365

☑ Hepatitis B Core Total Antibody Level
URGENT, Clinic Collect, Status: Future, Expected: S, Expires: S+365

☑ **Arrange for patient to have ID TB skin test administered and read OR serum TB screening lab prior to therapy or annually**

◉ ONC PROVIDER REMINDER 28
Routine, Until discontinued Starting when released Until Specified
Arrange for patient to have intradermal TB skin test (tuberculin PPD) screening performed and read prior to initiating therapy and annually.

◎ TB Screen (Quantiferon Gold)
URGENT, Clinic Collect, Status: Future, Expected: S, Expires: S+365

Vitals

☑ Vital Signs
Routine, PRN Starting when released Until Specified
Vital Signs: Routine vital signs per policy.

Nursing Orders

☑ ONC NURSING COMMUNICATION 1
Routine, Once Starting when released
ABATACEPT (ORENCIA):

Monitor for signs/symptoms of infusion/hypersensitivity reaction. 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.

Monitor for infection and instruct patient to report any signs or symptoms.

☑ ONC NURSING COMMUNICATION 110
Routine, Once Starting when released
Confirm TB screening has been completed prior to initiating therapy.

☑ ONC NURSING COMMUNICATION 104
Routine, Once Starting when released
Assess patient for infection prior to initiating infusion.

☑ ONC NURSING COMMUNICATION 9
Routine, Until discontinued Starting when released Until Specified

Check that labs indicated for THIS Treatment Cycle have been drawn within the last 96 hours or draw them in clinic prior to beginning treatment.

☑ ONC NURSING COMMUNICATION 200

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Nursing Orders (continued)

Routine, Until discontinued Starting when released Until Specified

May Initiate IV Catheter Patency Adult Protocol.

☑ Hypersensitivity Reaction Adult Oncology Protocol
Routine, Until discontinued Starting when released Until Specified

Treatment Parameters

☑ ONC MONITORING AND HOLD PARAMETERS 3
Routine, Until discontinued Starting when released Until Specified
May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.

☑ ONC MONITORING AND HOLD PARAMETERS 4
Routine, Until discontinued Starting when released Until Specified
May proceed with treatment if tuberculosis screening test with either TB Screen blood test (QuantiFERON® Gold Plus) or TB skin test have been resulted prior to first dose and the results are negative.

Medications

☑ abatacept (ORENCIA) in sodium chloride 0.9 % 100 mL IVPB
Intravenous, Administer over: 30 Minutes, Once, Starting when released
Dose:
☐ 500 mg
☐ 750 mg
☐ 1000 mg
Administer with an infusion set and a sterile, non-pyrogenic, low-protein-binding filter (pore size of 0.2 micrometer to 1.2 micrometer).
Should NOT be infused concomitantly in the same intravenous line with other agents.

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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 Sign**