



Patient Name: _____

Date of Birth: _____

PHYO

CMC84521-001NS Rev. 11/2020

Abatacept - Therapy Plan**BASELINE PATIENT DEMOGRAPHIC**

To be completed by the ordering provider.

 NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

 Allergies: _____
Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month****Plans must be reviewed / re-ordered at least annually. ******ORDERS TO BE COMPLETED FOR EACH THERAPY****ADMIT ORDERS** Height and weight Vital signs**PREGNANCY TESTS AT DALLAS AND PLANO** Nursing communication

Only one pregnancy test is necessary, but two are available based on facility capabilities. There is a urine POC HCG and urine HCG. Please utilize the lab that is needed based on facility capabilities.

Select one: **Pregnancy test, urine - POC**

STAT, ONE TIME, for females > 10 years old. If positive, do NOT infuse and page on-call provider

 Gonodotropin chorionic (HCG) urine

STAT, ONE TIME, unit collect. For females > 10 years old. If positive, do NOT infuse and page on-call provider.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS **Insert peripheral IV**

Place PIV if needed or access IVAD if available

 lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection

0.2 mL, intradermal, PRN

 when immediate procedure needed when procedure will take about 1 minute patient/family preference for procedureAdministration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.



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NURSING ORDERS, CONTINUED

lidocaine - prilocaine (EMLA) cream

Topical, PRN

- when more than 60 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch

Topical, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- when anticipated pain is less than 5 mm from skin surface
- patient/family preference for procedure

lidocaine with transparent dressing 4 % kit

Topical, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Select one:

heparin flush
10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush
100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

Sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - pres free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE - PROCEDURE LABS	INTERVAL	DEFER UNTIL	DURATION
<input checked="" type="checkbox"/> Complete blood count with differential Unit collect	Every 4 weeks	_____	_____
<input checked="" type="checkbox"/> Sedimentation rate erythrocyte Unit collect	Every 4 weeks	_____	_____
<input checked="" type="checkbox"/> Comprehensive metabolic panel Unit collect	Every 4 weeks	_____	_____
<input checked="" type="checkbox"/> Creatinine kinase, total Unit collect	Every 4 weeks	_____	_____
<input checked="" type="checkbox"/> Aldolase Unit collect	Every 4 weeks	_____	_____
<input checked="" type="checkbox"/> Double stranded DNA antibody IgG Unit collect	Every 8 weeks	_____	_____
<input checked="" type="checkbox"/> Complement C3 Unit collect	Every 8 weeks	_____	_____
<input checked="" type="checkbox"/> Complement C4 Unit collect	Every 8 weeks	_____	_____
<input checked="" type="checkbox"/> Complement - total - CH50 Unit collect	Every 8 weeks	_____	_____

Key: cm = centimeter; HCG = human chorionic gonadotropin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = no known drug allergy; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; STAT = immediately



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ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA - PROCEDURE

Vital signs Check blood pressure (BP), pulse, respirations, and temperature prior to the start of the infusion. Observe vitals frequently upon the initiation of the infusion for signs and symptoms and / or complaints of infusion related reactions.

Physician communication order

Please enter the dose of abatacept in 'mg' to facilitate prior authorization requirements.
Children < 75 kg = 10 mg / kg / dose 75 to 100 kg = 750 mg > 100 kg = 1,000 mg.
The following order is for loading doses at weeks 0, 2, and 4.

Abatacept in sodium chloride 0.9% infusion loading dose **For 3 treatments**

INTRAVENOUS, administer through a 0.2 - 1.2 micron low protein-binding filter. Infuse over 30 minutes.

Dose: _____

Physician communication order

Please enter the dose of abatacept in 'mg' to facilitate prior authorization requirements. Children < 75 kg = 10 mg / kg / dose 75 to 100 kg = 750 mg > 100 kg = 1,000 mg. The following order is for maintenance dosing every 4 weeks to start at week 8 (4 weeks after loading doses).

Abatacept in sodium chloride 0.9% infusion

INTRAVENOUS, administer over 30 minutes. Maintenance dose every 4 weeks. Administer through a 0.2 - 1.2 micron low protein - binding filter. Infuse over 30 minutes.

Dose: _____

Therapy appointment request

Please select department for the therapy appointment request:

Expires in 365 days

- Dallas Special Procedures
 Plano Infusion Center
 Dallas Allergy
 Dallas Transplant
 Dallas Neurology

EMERGENCY MEDICATIONS

Nursing communication

1. Hives or cutaneous reaction only – no other system involvement

PATIENT IS HAVING A DRUG REACTION:

- Stop the infusion
- Give diphenhydramine as ordered
- Check vitals including blood pressure every 5 minutes until further orders from provider.
- Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

PATIENT IS HAVING ANAPHYLAXIS:

- Stop the infusion
- Call code – do not wait to give epinephrine
- Give epinephrine as ordered
- Notify provider
- Check vital including blood pressure every 5 minutes until the code team arrives.
- Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- Give diphenhydramine once as needed for hives
- May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team – continue to monitor oxygen saturation.



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EMERGENCY MEDICATIONS

Hypotension is Defined as Follows:

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
- 11 years to 17 years – systolic blood pressure (SBP) less than 90
- OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
- Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

EPINEPHrine injection

(AMPULE / EPI - PEN JR. / EPI - PEN)

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

Cardio / respiratory monitoring rationale for monitoring: high risk patient (please specify risk)

(Patient receiving infusion with potential infusion reactions); heart rate, respiratory rate, oxygen saturation

Rationale for Monitoring: High risk patient (please specify risk)

Parameters: heart rate, respiratory rate, oxygen saturation

Alarm limits: preset at age specific limits

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose Max dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST - PROCEDURE

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD. Discontinue PIV prior to discharge on the last day of infusion.

Sodium chloride 0.9% infusion

INTRAVENOUS at 0 - 25 mL / hr

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider