



Patient Name: _____

Date of Birth: _____

PHYO
CMC85548-001NS Rev. 5/2021

Abatacept (ORENCIA) (SOTP) Infusion Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

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

Hypotension Defined Admit

 Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

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 of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

PREGNANCY TESTS AT DALLAS AND PLANO

Nursing communication

Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

 Patient requires a pregnancy test (based on organizational policy, female patients over 10 years of age or over require a pregnancy test)

Pregnancy test, Urine - POC

STAT, ONE TIME, for females \geq 10 years old. If positive, do NOT infuse and contact the ordering provider.

Gonadotropin Chorionic (HCG) Urine

STAT, ONE TIME, unit collect, for females \geq 10 years old. If positive, do NOT infuse and contact the ordering provider.

Gonadotropin Chorionic (HCG) Quantitative

Routine, ONE TIME, unit collect, for females \geq 10 years old. If positive, do NOT infuse and contact the ordering provider.

Nursing communication

Routine, ONE TIME, check for a negative quantiferon TB gold result. If there is no result or a positive result within the 12 month period prior to infusion, do NOT continue and notify the provider for further orders.

Nursing communication

Routine, ONE TIME, check for a negative hepatitis A, hepatitis B and hepatitis C results. If there is no results or positive results, do NOT continue and notify the provider for further orders.

Nursing communication

Routine, ONE TIME, No live vaccines within 3 months of abatacept infusion. Any vaccines must be given 2 weeks ahead of abatacept infusion. Pneumococcal vaccine recommended prior to starting abatacept infusion.



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ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

Please select all appropriate therapy

IV START NURSING ORDERS

Insert peripheral IV / Access IVAD

Place PIV if needed or access IVAD if available

lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

when immediate procedure needed when procedure will take about 1 minute patient / family preference for procedure

Administration 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.

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

Heparin flush

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

Sodium chloride flush 0.9% injection

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

Sodium chloride - preservative free 0.9% injection

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



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PRE - PROCEDURE LABS

- | | | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Complete Blood Count with Differential
Unit collect | INTERVAL: Every visit | | |
| <input checked="" type="checkbox"/> Sedimentation Rate Erythrocyte
Unit collect | INTERVAL: Every visit | | |
| <input checked="" type="checkbox"/> Basic Metabolic Panel
Unit collect | INTERVAL: Every visit | | |
| <input checked="" type="checkbox"/> Magnesium
Unit collect | INTERVAL: Every visit | | |
| <input checked="" type="checkbox"/> Phosphorus
Unit collect | INTERVAL: Every visit | | |
| <input checked="" type="checkbox"/> Hepatic Function Panel
Unit collect | INTERVAL: Every visit | | |
| <input checked="" type="checkbox"/> Gamma Glutamyl Transferase
Unit collect | INTERVAL: Every visit | | |
| <input type="checkbox"/> Sirolimus
Unit collect, needs to be drawn PRIOR to morning dose | INTERVAL: Once | DEFER UNTIL: _____ | DURATION: For 1 treatment |
| <input type="checkbox"/> Tacrolimus
Unit collect, needs to be drawn PRIOR to morning dose | INTERVAL: Once | DEFER UNTIL: _____ | DURATION: For 1 treatment |
| <input type="checkbox"/> Cyclosporine Random
Unit collect, needs to be drawn PRIOR to morning dose. | INTERVAL: Once | DEFER UNTIL: _____ | DURATION: For 1 treatment |

INTRA-PROCEDURE

- Vital signs**
Baseline vital prior to start of infusion, then every 15 minutes during abatacept infusion and for 30 minutes after infusion completed.
- Physician Communication Order**
Dose of abatacept as follows. Please enter the dose of abatacept in "mg" to facilitate prior authorization requirements.
< 75 kg = 10 mg / kg / dose
75 to 100 kg = 750 mg / dose
> 100 kg = 1,000 mg / dose
The following order is for loading doses at weeks 0, 2 and 4.
- abatacept in sodium chloride 0.9% infusion** **INTERVAL: Every Visit** **DEFER UNTIL: _____** **DURATION: For 3 treatments**
Loading dose given at week 0, 2, and 4. Administer through a 0.2 - 1.2 micron low protein - binding filter. Infuse over 30 minutes.
Dose: _____
- Physician Communication Order**
Dose of abatacept as follows. Please enter the dose of abatacept in 'mg' to facilitate prior authorization requirements.
< 75 kg = 10 mg / kg / dose
75 to 100 kg = 750 mg / dose
> 100 kg = 1,000 mg / dose
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** **INTERVAL: Every Visit** **DEFER UNTIL: _____** **DURATION: Until Discontinued**
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



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ORDERS TO BE COMPLETED FOR EACH THERAPY

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 heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- Connect patient 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 heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- Connect patient 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.

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 Orderable For Therapy Plan
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

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)**

- Clinically significant cardiac anomalies or dysrhythmias
 Recent acute life-threatening event
 Unexplained or acutely abnormal vital signs
 Artificial airway (stent, tracheostomy, oral airway)
 Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate

Telemetry Required: Yes No

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum 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: _____



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ORDERS TO BE COMPLETED FOR EACH THERAPY

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.

Sodium chloride 0.9% infusion

INTRAVENOUS, at 0 - 25 mL / hour ONCE, for 1 dose.

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider