ORENCIA INFUSION ORDERS

Patient Name:_____ Date of Birth:_____
Diagnosis:_____

NOTE: Screen patients at each visit for active infection before any treatment is given, including TB. If active infection present, notify physician immediately. Screen for pregancy status and notify provider for possible pregnancy.

1. Patient weight prior to infusion
2. Live vaccinations should not be given concurrently with Orencia
3. **Schedule of Infusions:**
   - ❒ **Day 0** ❒ **Week 2** ❒ **Week 4**
   - ❒ Every 4 weeks X 12 months ❒ **Other**_____
4. **Orencia Dosage** to be given:_____ mg IV. Administer at 200 ml/hour over 30 minutes. Must be administered with a sterile, non−pyrogenic, low−protein binding filter (1.2 micron or less).

Body Weight of Patient	**Dose**
<60 kg (<132 lbs)	500 mg
60−100kg (132−220 lbs)	750 mg
>100 kg (>220 lbs)	1 gram

5. ***The following orders will be enacted unless a specific order is written to the contrary:***

Infusion reaction protocol:

For ***MINOR*** infusion reaction (fever, flushing, chills):
- Stop infusion for 10 minutes
- Restart infusion at 10ml/hour for 15 minutes, then increase rate schedule per protocol

For ***MODERATE*** infusion reaction (pruritis, uticaria, arthralgia, rash, nausea/vomiting):
- STOP infusion
- Give diphenhydramine 25mg IV X 1. May repeat X 1 in 10 minutes if reaction does not subside.
- Restart infusion only if patient is asymptomatic and vital signs are stable within 15 minutes.
- Notify Physician

For ***SEVERE*** infusion reaction or anaphylaxis (hypotension, hypertension, chest pain, dyspnea, wheezing, palpitations):
- **STOP administration of Orencia immediately**
- For **ANAPHYLAXIS :** Epinephrine (EpiPen) 0.3 mg (0.3 ml) IM x 1 STAT, administered into anterolateral aspect of the thigh
- For **HYPOTENSION :** Bolus IV 0.9% Sodium Chloride 1000 ml over 1 hour
- Diphenhydramine (Benadryl) 25mg IV X 1 dose
- Methylprednisolone (Solu−Medrol) 125 mg IV X 1 dose
- Notify Physician
- Transport the patient to the emergency department

_____ _____
PHYSICIAN SIGNATURE DATE/TIME

Short Stay Schedule (for office use only):
Day # 0:_____
Week # 2:_____
Week # 4:_____
Every 4 weeks thereafter:
_____
_____