ADVANCED
INFUSION CENTER

Orencia Infusion Order

Patient Name: _____DOB: _____ Weight: _____

Primary Diagnosis (ICD 10 Code required): _____

Hepatitis B Status: ___ Positive ____ Negative Titer Date: _____

TB Status: PPD (negative): _____: Last chest Xray: _____ Active TB? _____

Orencia Initial Dose:

___ Infuse 500 mg IV over 30 minutes on weeks 0, 2, and 4 (patient weight <60kg)

___ Infuse 750 mg IV over 30 minutes on wees 0, 2, and 4 (patient weight 60-100 kg)

___ Infuse 1000 mg IV over 30 minutes on week 0, 2, and 4 (patient weight over 100 kg)

Orencia maintenance Dose:

___ Infuse 500 mg IV over 30 minutes every 4 weeks (patient weight <60 kg)

___ Infuse 750 mg IV over 30 minutes every 4 weeks (patient weight 60to 100 kg)

___ Infuse 1000 mg IV over 30 minutes every 4 weeks (patient weight over 100 kg)

___ Other: _____

Pre-Medications (give 30 minutes prior to infusion):

___ Acetaminophen 650 mg ___ Diphenhydramine 25 mg po ___ Methylprednisolone 40 mg IVP

Lab Orders: _____

For hypersensitivity infusion reaction:

- Stop Orencia and start normal saline 500 ml bolus.
- Give Diphenhydramine 50mg IVP.
- For anaphylactic reaction, give Epinephrine 0.3 mg (> 30 kg),0.15 mg (15-30 kg), or 0.01mg/kg SQ or IM x1; repeat x1 in 5-15 minutes prn. **Call 911**
- Notify physician.

Physician Signature: Date:

Physician Name (printed): Phone:

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