CommonSpirit

**Infusion Therapy Order**

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

**Prescriber Information:**

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

## SJH RHEUM ABATACEPT (ORENCIA)

**version 9/29/2022**

### Appointment Request

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)** | | | |
| ☑ | Infusion Appointment Request | Every 15 days | S | 3 treatments |

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

## Appointment Request (continued)

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)** | | | |
| ☑ | Infusion Appointment Request | Every 4 weeks | S+56 | Until discont'd |

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

## Labs

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN LAB HEPATIC FUNCTION PANEL** | | | |
| ☑ | Hepatic function panel | Every 15 days | S | 3 treatments |
| | No details available for preview | | | |
| ☑ | **SJH ONCBCN LAB BMP (OR ONC BMP) LOCATION SPECIFIC RULE** | | | |
| ☐ | Basic Metabolic Panel | Every 15 days | S | 3 treatments |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link | | | |
| ☐ | Oncology Basic Metabolic Panel | Every 15 days | S | 3 treatments |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Bob-O-Link | | | |
| ☑ | **SJH ONCBCN LAB CBC W/PLT COUNT AUTO DIFF (OR CBC 3 PART) LOCATION SPECIFIC RULE** | | | |
| ☐ | CBC with Automated Diff | Every 1 day | S | 3 treatments |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Not London or Corbin | | | |
| ☐ | CBC Auto Diff 3 Parts | Every 1 day | S | 3 treatments |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Corbin | | | |
| ☑ | **SJH ONCBCN LAB HEPATIC FUNCTION PANEL** | | | |
| ☑ | Hepatic function panel | Every 4 weeks, at least 20 days apart | S+56 | Until discont'd |
| | No details available for preview | | | |
| ☑ | **SJH ONCBCN LAB BMP (OR ONC BMP) LOCATION SPECIFIC RULE** | | | |

**Labs (continued)**

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☐ | Basic Metabolic Panel | Every 4 weeks, at least 20 days apart | S+56 | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link | | | |
| ☐ | Oncology Basic Metabolic Panel | Every 4 weeks, at least 20 days apart | S+56 | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Bob-O-Link | | | |
| ☑ | **SJH ONCBCN LAB CBC W/PLT COUNT AUTO DIFF (OR CBC 3 PART) LOCATION SPECIFIC RULE** | | | |
| ☐ | CBC with Automated Diff | Every 4 weeks, at least 20 days apart | S+56 | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Not London or Corbin | | | |
| ☐ | CBC Auto Diff 3 Parts | Every 4 weeks, at least 20 days apart | S+56 | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Corbin | | | |
| ☑ | **SJH ONCBCN LAB CMP (OR BMP/HF) W/ LOCATION SPECIFIC RULE** | | | |
| ☐ | Comprehensive metabolic panel | Every 4 weeks, at least 20 days apart | S+56 | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link | | | |
| ☐ | Oncology Basic Metabolic Panel | Every 4 weeks, at least 20 days apart | S+56 | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Blazer | | | |
| ☐ | Hepatic function panel | Every 4 weeks, at least 20 days apart | S+56 | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Bob-O-Link | | | |

## Labs (continued)

## Nursing Communication

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN NURSING COMMUNICATION VITAL SIGNS THERAPY 2** | | | |
| ☑ | Nursing Communication | Every visit | S | 3 treatments |

Record vital signs every 15 minutes for the first hour, then every 30 minutes for the remainder of infusion. Observe patient for 30 minutes following infusion. Instruct patient to report symptoms of chills, fever and pain. Patient must have a negative TB skin test within the last year before treatment can begin.

## KVO Fluids

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN OP KVO** | | | |
| ◉ | sodium chloride 0.9% (NS) infusion | Every visit | S | Until discont'd |

250 mL, intravenous, at 30 mL/hr, Once, Starting when released
KVO

| | | | | |
|---|---|---|---|---|
| ◎ | dextrose 5% (D5W) infusion | Every visit | S | Until discont'd |

250 mL, intravenous, at 30 mL/hr, Once, Starting when released
KVO

## Pre-Medications

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN PREMED (APAP 650 PO / DIPH 50 PO)** | | | |
| ☑ | diphenhydrAMINE (BENADRYL) tablet/capsule 50 mg | Every visit | S | 3 treatments |

50 mg, oral, Once, Starting when released
Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.

| | | | | |
|---|---|---|---|---|
| ☑ | acetaminophen (TYLENOL) tablet 650 mg | Every visit | S | 3 treatments |

650 mg, oral, Once, Starting at treatment start time
Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours

## Medications

## Medications (continued)

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY ABATACEPT (ORENCIA) 500 MG OVER 30 MIN (60 MIN OFFSET)** | | | |
| ☑ | abatacept (ORENCIA) 500 mg in sodium chloride 0.9% (NS) 100 mL infusion | Every 15 days | S | 3 treatments |
| | 500 mg, intravenous, Once, Starting 60 minutes after treatment start time<br>Use a low-protein binding filter. Infuse over 30 minutes through a 0.22micron filter. | | | |
| ☑ | **SJH ONCBCN THERAPY ABATACEPT (ORENCIA) 500 MG OVER 30 MIN (60 MIN OFFSET)** | | | |
| ☑ | abatacept (ORENCIA) 500 mg in sodium chloride 0.9% (NS) 100 mL infusion | Every 4 weeks | S+56 | Until discont'd |
| | 500 mg, intravenous, Once, Starting 60 minutes after treatment start time<br>Use a low-protein binding filter. Infuse over 30 minutes through a 0.22micron filter. | | | |

## Emergency Medications

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN HYPERSENSITIVITY MEDS** | | | |
| ☑ | IV/CVAD Line Care | PRN | S | Until discont'd |
| | Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling. | | | |
| ☑ | Deaccess/Discontinue CVAD | PRN | S | Until discont'd |
| | No details available for preview | | | |
| ☑ | Oxygen Therapy | PRN | S | Until discont'd |
| | No details available for preview | | | |
| ☑ | sodium chloride 0.9% (NS) infusion | PRN | S | Until discont'd |
| | 1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued<br>Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100. | | | |
| | Start for any grade of reaction. | | | |
| ☑ | diphenhydrAMINE (BENADRYL) injection 50 mg | PRN | S | Until discont'd |
| | 50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released<br>Start for any grade of reaction. | | | |
| ☑ | famotidine (PEPCID) injection 20 mg | PRN | S | Until discont'd |
| | 20 mg, intravenous, Once as needed, Hypersensitivity reaction<br>Start for any grade of reaction. | | | |
| ☑ | dexamethasone (DECADRON) injection | PRN | S | Until discont'd |

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| | 10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released<br>Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms | | | |
| ☑ | EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL | PRN | S | Until discont'd |
| | 0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released<br>Do NOT administer via direct IV injection without dilution.<br><br>Give for Grade III - SEVERE/Anaphylaxis Symptoms. | | | |