ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN			
Allergies/Reactions:	Fax all infusions to: 833-380-8800 Please mark the appropriate infusion center:	□ Allenmore Infusion Center□ Auburn Infusion Center□ Gig Harbor Infusion Services□ Puyallup Infusion Center	☐ DHEC Infusion Center☐ North Spokane Infusion Center☐ North Star Lodge Infusion Center☐
ORDERS WITH CHECK BOXES When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.			
Abatacept (Orencia)			
Patient Name:		Requested Date of Service	://
Date of Birth:/Patien	t Phone Number: ()		🗖 May leave message
Diagnosis: ☐ Rheumatoid Arthritis ☐ Other			
Required: H&P with documentation to support above diagnosis including ICD-10 code and supporting labs **If required documentation not received with order, scheduling of treatment will be delayed until complete information is available** □ Reason patient not able to self-administer medication			
Reason patient not able to sen-daminister medication			
Baseline labs required: • Latent TB testing Date://_ • HBV screening Date://_	Results: Results:		
Maintenance labs required: • Annual Latent TB testing			
☑ IV Access: Access and/or maintain IV site in accordance with MHS IV Therapy P&P: Peripheral IV Device Site Selection, Insertion, Maintenance, and Discontinuation; and Maintenance of Central Venous Catheters-Flushing, Dressing Changes and Removal.			
Patient weight =lb/kg (required)			
Treatment Regimen: Abatacept (Orencia): Administered in 100 mL NS with 0.22 micron filter and infused over 30 minutes □ Patient weight <60 kg; Dose = 500 mg □ Patient weight 60-100 kg; Dose = 750 mg □ Patient weight >100 kg; Dose = 1000 mg □ Initiation Dose: every 2 weeks x 3 doses then every 4 weeks x 12 months □ Continue maintenance dose of every 4 weeks x 12 months			
 ✓ Vital Signs: Check vital signs prior to and at completion of infusion. Contact provider if systolic BP >180; diastolic BP >100; systolic BP <90; HR >110; temp >38C (100.4F) If hypersensitivity develops (fever, chills, hypotension, rigors, itching, rash, etc.): Consult MultiCare hypersensitivity guideline for treatment management Notify provider of reaction, assessment and need for futher orders 			
Code Status: Please note, patients' will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.			
Was consent obtained: ☐ Yes ☐ No (if yes, please send DOCUMENTATION of consent with order)			
Provider Signature	Print Name	Date	Time
Another brand of drug, identical in form and content, may be dispensed unless checked Orders expire in 12 months**			

Patient Identification - Always Attach Patient Label

Name:

MRN #:

CSN #:

Age / Sex and Gender:

Pre-printed Order **ABATACEPT (Orencia)**

MultiCare 🕰

