



AMBULATORY TREATMENT UNIT

Abatacept (Orencia) and golimumab (Simponi Aria) Order Set

☐ = Optional Order ☒ = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

Phone (616) 394-3547

Fax (616) 394-2139

ORDERS

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

TB Test Result: _____ Date: _____ *Initial TB Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.

PRE-INFUSION

Ensure that the patient has taken the following pre-medications, if any:

- ☐ Patient to take oral medications at home prior to admission
- ☐ Acetaminophen (Tylenol) 650 mg PO 30 minutes prior to each infusion. (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
- ☐ Diphenhydramine (Benadryl) 25 mg PO 30 minutes prior to each infusion
- ☐ Methylprednisolone (Solu-medrol) 40 mg IVP prior to each infusion.
- ☐ Other: _____

MEDICATIONS

- ☐ abatacept (Orencia) IVPB (Select dose based on patient weight. These doses are only for treatment of Rheumatoid arthritis or Psoriatic arthritis. Patient to take oral medications at home prior to admission)
 - ☐ Initial dose at 0, 2, and 4 weeks.
 - ☐ Maintenance therapy: IVPB every 4 weeks
 - ☐ 500 mg, Infuse over 30 minute(s), IVPB, As Indicated, for patient weight less than 60 kg. Comments: For pt weight less than 60 kg.
 - ☐ 750 mg, Infuse over 30 minute(s), IVPB, As Indicated, for patient weight 60 to 100 kg. Comments: For pt weight 60 to 100 kg.
 - ☐ 1,000 mg, Infuse over 30 minute(s), IVPB, Powder-1g, As Indicated, for patient weight greater than 100 kg. Comments: For pt weight greater than 100 kg.
- ☐ golimumab (Simponi Aria)
 - ☐ Initial dose: 2 mg/kg, IVPB at 0, 4, & 8 weeks.
 - ☐ Maintenance therapy: 2 mg/kg IVPB every 8 weeks.
- Infuse over 30 minutes
- Use less than or equal to 0.22 micron filter tubing
- Vital signs as scheduled below: (and as needed)
 - initial
 - at start of infusion
 - at end of infusion

Treatment for adverse drug reactions: (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
- Place O₂ PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO₂ every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

