

## ORENCIA (abatacept) infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

M

F

**DIAGNOSIS** *Please provide ICD-10 code*

Rheumatoid Arthritis

Polyarticular Idiopathic Arthritis > 6 yro (PJIA)

*(other)*

**PRE-MEDICATION**

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Quzyttir 10mg IVSP over 1-2 min

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

*(other)*

**ORENCIA ORDERS**

DOSAGE			PATIENT WEIGHT
500mg	750mg	1000mg	lbs.
FREQUENCY			kg
every 0,2,4, and every 4 weeks			
every	weeks		

**NOTES**

**ORDERING PROVIDER**

Signature   X   \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_