



INFUSION SUITE		ORENCIA INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> TB: _____		<input type="checkbox"/> Hepatitis B: _____	
*Prior to initiation			
Additional labs: _____			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1		
<input type="checkbox"/> Additional PRN:	<input type="checkbox"/> Loratadine 10mg PO X1		
ORENCIA ORDERS			
<input type="checkbox"/> Loading Dose: Orencia _____ mg IV Week 0, Week 2, Week 4			
<input type="checkbox"/> Maintenance Dose: Orencia _____ mg IV every 4 weeks X _____			
*10mg/kg for pediatric patients weighing less than 75kg, follow adult dosing for patients weighing over 75kg			
POST INFUSION			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:		NPI:	
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

***Credentials must be included**

Infusion Directions:

- Using ONLY silicone-free disposable syringe provided, inject 10 mL sterile water toward the side of the vial wall
- Rotate vial gently in a swirling motion until completely dissolved. Using same syringe, vent the vial to dissipate any foam
- Using the same provided syringe used for reconstitution, remove volume from NS equal to Orencia
- 2 Vials = remove 20mL • 3 Vials = remove 30mL • 4 Vials = remove 40mL
- Using same syringe, add reconstituted Orencia to NS bag and invert gently
- Administer over 30 minutes using a filter (pore size 0.2 to 1.2 microns)

Intravenous Administration for Adult RA (2.1) and Adult PsA (2.3)

Body Weight of Patient	Dose	Number of Vials
Less than 60 kg	500 mg	2
60 to 100 kg	750 mg	3
More than 100 kg	1000 mg	4