DURANGO INFUSION

INFUSION SUITE		ORENCIA INFUSION ORDERS	
Durango Infusion Center		**Phone: 970-828-3500**	**Fax: 970-828-3501**
270 E 8th Ave Ste N101 Durango, CO 81301			
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			
☐ **TB:** _____ ☐ **Hepatitis B:**_____		***Prior to initiation**	
Additional labs:			
☐ **Insert IV**	☐ **Access Port/PICC**		
PREMEDICATIONS 30 minutes prior to starting			
☐ **Acetaminophen:**	☐ 325mg PO X1	☐ 500mg PO X1	☐ 650mg PO X1 ☐ 1000mg PO X1
☐ **Diphenhydramine:**	☐ 25mg IV X1	☐ 25mg PO X1	☐ 50mg IV X1 ☐ 50mg PO X1
☐ **Methylprednisolone:**	☐ 40mg IV X1	☐ 100mg IV X1	☐ 125mg IV X1
☐ **Antihistamine:**	☐ Cetirizine 10mg PO X1	☐ Loratadine 10mg PO X1	
☐ **Additional PRN:**			
ORENCIA ORDERS			
☐ Loading Dose: Orencia _____mg IV Week 0, Week 2, Week 4			
☐ 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			
☐ Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
☐ Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
☐ 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 syring, vent the vial to dissipate any foam
- Using the same provided syring 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