

**PATIENT IDENTIFICATION**  
Known allergies / medication sensitivities:

☐ NL Infusion Care, AR Gould, **Presque Isle**  
Phone: 207-768-4589; Fax: 207-768-4183  
☐ NL Infusion Care, **Blue Hill**  
Phone: 207-374-3995; Fax: 207-374-3970  
☐ NL Infusion Care, CA Dean, **Greenville**  
Phone: 207-695-5222; Fax: 207-695-4801  
☐ NL Infusion Care, **Brewer**  
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Mary Dow Center, **Ellsworth**  
Phone: 207-664-5584; Fax: 207-664-5485  
☐ NL Infusion Care, Mayo, **Dover-Foxcroft**  
Phone: 207-564-4254; Fax: 207-564-4418  
☐ NL Mercy Cancer Care, **Portland**  
Phone: 207-553-6868; Fax: 207-904-0917  
☐ NL Infusion Care, SVH, **Pittsfield**  
Phone: 207-487-4052; Fax: 207-487-3995

## OP abatacept Adult (Paper)

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**Diagnosis** ☐ Psoriatic arthritis ☐ Rheumatoid arthritis

**ICD10:** \_\_\_\_\_

### Tuberculosis (TB) and Hepatitis B & C Testing

Testing is required prior to initiation of therapy, a change in living environment, or travel to an area that would pose an increased risk TB/Hepatitis

Quantiferon TB Gold Test: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

T SPOT: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Hepatitis B: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Hepatitis C: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

### Patient Care

☒ Vital Signs

*ONCE, Pre and Post infusion*

☒ Saline Lock

*Insert peripheral Saline Lock, discontinue after therapy complete. May leave in for 5 consecutive treatment days*

☐ Access PICC Line

☐ Remove PICC Line ONLY after verifying regimen is complete with provider

☐ Access Port-a-Cath

☐ Access Central Access Device (Hickman, Triple lumen)

### Restoration of Patency for PICC/Port-a-cath

☒ alteplase

*2 mg, ONCE, PRN, Catheter Clearance, If initial dose is ineffective after 2 hours, repeat dose. Notify provider if second dose is ineffective. Total Max dose = 2 doses*

### Premedication

☐ acetaminophen (Tylenol) 650 mg, PO, ONCE

☐ cetirizine (Zyrtec) 10 mg, PO, ONCE

☐ methylprednisolone 40 mg, Soln, IVP, ONCE

☐ methylprednisolone 125 mg, Soln, IVP, ONCE

☐ methylprednisolone \_\_\_\_\_ mg, Soln, IVP, ONCE

☐ Sodium Chloride 0.9%, 500mL/hr, IV, ONCE, Infuse over 1 hour, if patient has port-a-cath infuse over 30 minutes



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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy Signature: \_\_\_\_\_

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Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

### Medication

#### For weight less than 60 kg

☐ abatacept  
500 mg, IVPB, Infuse over 30 minutes via a 0.2 micron filter

#### For weight 60 - 100 kg

☐ abatacept  
750 mg, IVPB, Infuse over 30 minutes via a 0.2 micron filter

#### For weight greater than 100 kg

☐ abatacept  
1000 mg, IVPB, Infuse over 30 minutes via a 0.2 micron filter

### Treatment Schedule:

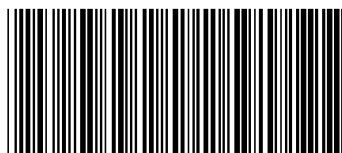
☐ One time dose  
Initial Therapy: ☐ Weeks 0, 2, and 4  
Maintenance: ☐ Every 4 weeks

**Duration:** ☐ 6 months ☐ 1 year ☐ Other: \_\_\_\_\_

### Anaphylaxis Treatment

- ☒ Epinephrine (EpiPen Auto Injector) 0.3 mg, Kit, IM, Every 5 Minute Interval, PRN, airway swelling, difficulty breathing, Indication: hypotension (systolic blood pressure less than 90). Max total dose = 0.9 mg (3 doses). May be given concurrently with diphenhydramine, famotidine and methylprednisolone based on indications
- ☒ diphenhydramine (Benadryl) 50 mg, Soln, IV Push, ONCE, PRN, Indication: itching, hives, difficulty breathing or swelling of the face, lips and throat. May be given concurrently with epinephrine, famotidine and methylprednisolone based on indications
- ☒ famotidine (Pepcid) 20 mg, Soln, IV Push, ONCE, PRN, Indication: angioedema, stomach upset. May be given concurrently with epinephrine, diphenhydramine and methylprednisolone based on indications
- ☒ methylprednisolone (SOLU-Medrol) 125 mg, Soln, IV Push, ONCE, PRN, Indication: prevention of biphasic reaction, inflamed airway. May be given concurrently with epinephrine, diphenhydramine and famotidine based on indications
- ☒ albuterol (Proventil NEB) 2.5 mg, Soln, NEB, ONCE, PRN, Indication: bronchospasm
- ☒ Oxygen Via: Nasal Cannula PRN Low oxygen saturation, Maintain saturation 90% or greater, wean as tolerated

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
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