



(Patient Sticker)



PHYSICIAN ORDER SET :

BELATACEPT MAINTENANCE

CDH 208-255 – Approved – Page 1 of 4

Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Hydrations

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> lactated Ringers infusion 250 mL/hr, Intravenous, Continuous	250 mL/hr	Every 4 weeks		Until discont'd
<input type="checkbox"/> D5-NS infusion 250 mL/hr, Intravenous, Continuous	250 mL/hr	Every 4 weeks		Until discont'd
<input type="checkbox"/> D5-1/2 NS infusion 250 mL/hr, Intravenous, Continuous	250 mL/hr	Every 4 weeks		Until discont'd
<input type="checkbox"/> D5W infusion 250 mL/hr, Intravenous, Continuous	250 mL/hr	Every 4 weeks		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL/hr, Intravenous, Continuous	250 mL/hr	Every 4 weeks		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 500 mL 500 mL, Intravenous, for 30 Minutes, Continuous	500 mL	Every 4 weeks		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, for 60 Minutes, Continuous	1000 mL	Every 4 weeks		Until discont'd



PHYSICIAN ORDER SET :

BELATACEPT MAINTENANCE

CDH 208-255 – Approved - Page 2 of 4

Medications

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> belatacept (NULOJIX) IV 5 mg/kg 5 mg/kg, Intravenous, Continuous	5 mg/kg	Every 4 weeks		Until discont'd

Labs

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Comprehensive metabolic panel Routine, consists of the following tests: Na, K, Cl, CO ₂ , BUN, Glucose, Creatinine, Calcium, Albumin, Alkaline Phosphatase, Total Bilirubin, Total Protein, ALT, and AST		Every 4 weeks		Until discont'd
<input type="checkbox"/> CBC and differential Routine, If deemed necessary based upon the results of the automated differential, a manual differential may be performed		Every 4 weeks		Until discont'd
<input type="checkbox"/> Urinalysis *Except NWH* Urinalysis sediments are performed on all urines that have positive findings (blood, WBC, or protein) on the chemical urinalysis. Urine sediment does not need to be ordered separately.		Every 4 weeks		Until discont'd

Catheter management

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine <i>As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>		PRN		Until discont'd
<input type="checkbox"/> alteplase (CATHFLO) 1 mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care <i>For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen.</i>	2 mg	PRN		Until discont'd
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream Topical, As needed, pre procedure/treatment, apply prior to the PIV insertion or port access		PRN		Until discont'd
<input type="checkbox"/> heparin 100 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines	5 mL	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines	3 mL	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines	5 mL	PRN		Until discont'd
<input type="checkbox"/> heparin 1000 units/mL flush 2 mL 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER	2 mL	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines	3 mL	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines	10 mL	PRN		Until discont'd



PHYSICIAN ORDER SET :

BELATACEPT MAINTENANCE

CDH 208-255 – Approved - Page 3 of 4

Catheter management (continued)

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines	20 mL	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment	20 mL/hr	PRN		Until discont'd
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment	20 mL/hr	PRN		Until discont'd

Emergency Medications/Anaphylaxis

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine <i>Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.</i>		PRN		Until discont'd
<input type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	.3 mg	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, other (free text field), Hypotension	1000 mL	PRN		Until discont'd
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i>		PRN		Until discont'd

Hypersensitivity

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine <i>Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.</i>		PRN		Until discont'd
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath	2.5 mg	PRN		Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever	975 mg	PRN		Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg	25 mg	PRN		Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed	20 mg	PRN		Until discont'd
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction. <i>HOLD IF: given fexofenadine.</i>	10 mg	PRN		Until discont'd
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction. <i>HOLD IF: given cetirizine.</i>	180 mg	PRN		Until discont'd



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CDH 208-255 - Approved - Page 4 of 4

Hypersensitivity (continued)

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction	40 mg	PRN		Until discont'd
<input type="checkbox"/> ondansetron (ZOFRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose	4 mg	PRN		Until discont'd

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