

### DEMOGRAPHICS

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
 Phone: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

### PRESCRIBING PHYSICIAN

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 License#: \_\_\_\_\_  
 DEA#: \_\_\_\_\_ NPI: \_\_\_\_\_

### ALLERGIES / REACTIONS

\_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

### PHYSICIAN ORDERS

**ORENCIA** REFILLS: \_\_\_\_\_  
 500mg (less than 60 kg)  750mg (60-100 kg)  1000mg (over 100 kg)  
 Initial Dose: Infuse IV at weeks 0,2, and 4 weeks  
 Maintenance Dose: Infuse IV every 4 weeks

**IV ACCESS**  
 Peripheral IV - Flush with Normal Saline 5-10 ml with IV start and before & after medication  
 Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication--LOCK with Heparin 500 units (100 units/ml)

**PRE-MEDICATIONS / LABS** REFILLS: \_\_\_\_\_  
 Diphenhydramine \_\_\_\_ MG IV 30 minutes before infusion  Solu-Medrol \_\_\_\_ MG IV 30 minutes before infusion  
 OTHER: \_\_\_\_\_  
 LABS: \_\_\_\_\_ FREQUENCY \_\_\_\_\_

Anaphylaxis Kit per Pharmacy protocol  
 TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER PRN FOR PATIENTS RECEIVING IV MEDS IN THE HOME  
 Epinephrine Auto Injector 0.3mg/0.3ml IM - Repeat one time in 20 minutes if needed

**ADVERSE REACTION ORDERS:**  
 Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,  
 Severe Reactions - STOP infusion , KVO IV Normal Saline  Diphenhydramine 25/50 mg IVP over 3-5 minutes   
 Methylprednisolone 125 mg IVP over 5 minutes  Call Ambulance and Physician .

### DIAGNOSIS:

M06.9 Rheumatoid Arthritis  M08.0 Juvenile Rheumatoid Arthritis  L40.50 Psoriatic Arthritis  
 M45.9 Ankylosing Spondylitis  Other: \_\_\_\_\_