



Patient Name: _____

Date of Birth: _____

PHYO
CMC84522-001NS Rev. 11/2020

Belatacept - Therapy Plan

BASELINE PATIENT DEMOGRAPHIC

To be completed by the ordering provider.

NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month

****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

Height and weight

Vital signs

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

Insert peripheral IV

Place PIV if needed or access IVAD if available.

lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection

0.2 mL, intradermal, PRN

when immediate procedure needed

when procedure will take about 1 minute

patient / family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream

Topical, PRN,

when more than 60 minutes are available before procedure

when procedure will take more than 1 hour

patient/family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch

Topical, PRN

when 20 - 30 minutes are available before procedure

when procedure will take more than 1 hour

when anticipated pain is less than 5 mm from skin surface

patient /family preference for procedure, starting when released



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ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

- lidocaine with transparent dressing 4% kit**
Topical, PRN
 - when 20 - 30 minutes are available before procedure
 - when procedure will take more than 1 hour
 - patient/family preference for procedure

Select One:

- heparin flush**
10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de - accessing the IVAD.
- heparin flush**
100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de - accessing IVADs.

- Sodium chloride flush 0.9% injection**
1 - 20 mL, INTRAVENOUS, PRN, IV line flush
- Sodium chloride - pres free 0.9% injection**
1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE - PROCEDURE LABS **INTERVAL**

| | |
|--|-------------|
| <input checked="" type="checkbox"/> Complete blood count with differential unit collect | Every visit |
| <input checked="" type="checkbox"/> Comprehensive metabolic panel unit collect | Every visit |
| <input checked="" type="checkbox"/> Magnesium unit collect | Every visit |
| <input checked="" type="checkbox"/> Phosphorus unit collect | Every visit |
| <input checked="" type="checkbox"/> Gamma glutamyl transferase unit collect | Every visit |
| <input checked="" type="checkbox"/> BK virus DNA PCR quant unit collect | Every visit |
| <input checked="" type="checkbox"/> Epstein Barr virus quantitative PCR unit collect | Every visit |
| <input checked="" type="checkbox"/> CMV quantitative PCR unit collect | Every visit |
| <input type="checkbox"/> Tacrolimus unit collect, Needs to be drawn PRIOR to morning dose | Every visit |
| <input type="checkbox"/> Cyclosporine random unit collect, Needs to be drawn PRIOR to morning dose | Every visit |
| <input type="checkbox"/> Sirolimus unit collect, Needs to be drawn PRIOR to morning dose | Every visit |

INTRA-PROCEDURE

- Vital signs Baseline vitals prior to start of infusion, then every 15 minutes during belatacept infusion and for 30 minutes after infusion completed.
- Physician communication order**
Dosing of belatacept: 5 mg / kg given every 4 weeks. Please enter the dose of belatacept in 'mg' to facilitate prior authorization requirements.

Key: cm = centimeter; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed



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ORDERS TO BE COMPLETED FOR EACH THERAPY

| INTRA-PROCEDURE, CONTINUED | INTERVAL |
|----------------------------|----------|
|----------------------------|----------|

belatacept in sodium chloride 0.9 % infusion **Every 4 weeks**

INTRAVENOUS, ONCE, administer over 30 minutes with a 0.2 - 1.2 um inline filter. MUST be infused in a separate line from other infused agents. Infusion solution may be stored under refrigeration for up to 24 hours; maximum of 4 hours at room temperature. MUST be completed within 24 hours of reconstitution.

Dose: _____ mg

Therapy appointment request

Please select department for the therapy appointment request:

- Expires in 365 days
- Dallas Special Procedures
- Plano Infusion Center
- Dallas Allergy
- Dallas Transplant
- Dallas Neurology

EMERGENCY MEDICATIONS

Nursing communication

1. Hives or cutaneous reaction only – no other system involvement

PATIENT IS HAVING A DRUG REACTION:

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check vitals including blood pressure every 5 minutes until further orders from provider.
- d. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

PATIENT IS HAVING ANAPHYLAXIS:

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check vital including blood pressure every 5 minutes until the code team arrives.
- f. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team – continue to monitor oxygen saturation.

Hypotension is defined as follows:

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
- 11 years to 17 years – systolic blood pressure (SBP) less than 90
- OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
- Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

EPINEPHrine injection (AMPULE / EPI - PEN JR. / EPI - PEN)

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____



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EMERGENCY MEDICATIONS, CONTINUED

**Cardio / respiratory monitoring rationale for monitoring:
high risk patient (please specify risk)**

(Patient receiving infusion with potential infusion reactions);
heart rate, respiratory rate, oxygen saturation
Rationale for Monitoring: High risk patient (please specify risk)
Parameters: heart rate, respiratory rate, oxygen saturation
Alarm limits: Preset at age specific limits

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION, ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, - continue to monitor oxygen saturation for 1 dose

Dose: _____

POST - PROCEDURE

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD. Discontinue PIV prior to discharge on the last day of infusion.

Sodium chloride 0.9% infusion

INTRAVENOUS at 0 - 25 mL / hr

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider