



Mankato Clinic

Together we thrive.

ADULT AMBULATORY INFUSION ORDER

Belatacept (Nulojix)

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Date: ____ / ____ / ____

***Please fax a copy of the following** Demographics Insurance Information Current Lab Results
patient information: H & P Relevant to Diagnosis Last infusion note Current Medications

PATIENT INFORMATION

Allergies: _____

Weight: _____ lbs/kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: ____/____/____

Phone: (____)____-____ Fax: (____)____-____

Office Address: _____

Contact Person: _____

PRE-MEDICATIONS:

Diphenhydramine: PO IV 25 mg 50mg

Acetaminophen: PO 650 mg 1000 mg

Other: _____

No Pre-Medications

WAIT TIME AFTER PRE MEDICATIONS:

20 minutes 30 minutes Other: _____ No wait time

LABS:

CBC EVERY infusion every OTHER infusion other: _____

CMP EVERY infusion every OTHER infusion other: _____

CRP EVERY infusion every OTHER infusion other: _____

No labs needed

Belatacept (NULOJIX) IV DOSING:

Administer: Nulojix in 100 mls of NS over 30 minutes, using 0.2-1.2 micron filter.

Initial: 10 mg/kg days 1 and 5, end of weeks 2, 4, 8 and 12.

Maintenance: 5 mg/kg end of week 16 and every 4 weeks thereafter for _____ months.