CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH RHEUM CYCLOPHOSPHAMIDE (CYTOXAN)

version 9/30/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)**			
☑	Infusion Appointment Request	Every 4 weeks	S	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION VITAL SIGNS THERAPY**			
☑	Nursing Communication	Every 4 weeks	S	Until discont'd

Vital signs per nursing protocol. Contact MD for significant fluctuations in vital signs.

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 4 weeks	S	Until discont'd

No details available for preview
Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link

☐	Oncology Basic Metabolic Panel	Every 4 weeks	S	Until discont'd

No details available for preview
Selection Condition: Lab location - SJH Oncology - Bob-O-Link

☐	Hepatic function panel	Every 4 weeks	S	Until discont'd

No details available for preview
Selection Condition: Lab location - SJH Oncology - Blazer

☑	**SJH ONCBCN LAB C-REACTIVE PROTEIN**			
☑	C-Reactive Protein	Every 4 weeks	S	Until discont'd

No details available for preview

☑	**SJH ONCBCN LAB SEDIMENTATION RATE**			
☑	Sedimentation rate	Every 4 weeks	S	Until discont'd

No details available for preview

☑	**SJH ONCBCN LAB URINALYSIS W/O MICRO**			
☑	Urinalysis without Microscopic	Every 4 weeks	S	Until discont'd

No details available for preview

Labs (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 4 weeks	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Every 4 weeks	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			

Flush Line

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 100 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) infusion	Every 4 weeks	S	Until discont'd
	500 mL, intravenous, at 100 mL/hr, As needed, For primary line., Starting when released, Until Discontinued Infuse at 100 ml/hr for the duration of treatment. May increase or decrease rate as needed.			

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (MESNA 600 MG IV / ZOFRAN 8 MG IV / DEX 10 MG IV)**			
☑	mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9% (NS) 50 mL infusion	Every 4 weeks	S	Until discont'd
	600 mg/m2, intravenous, Once, Starting when released			
☑	ondansetron (ZOFRAN) 8 mg in dextrose 5% (D5W) 50 mL IVPB	Every 4 weeks	S	Until discont'd
	8 mg, intravenous, Once, Starting at treatment start time			
☑	dexamethasone (DECADRON) 10 mg in sodium chloride 0.9% (NS) 50 mL IVPB	Every 4 weeks	S	Until discont'd
	10 mg, intravenous, Once, Starting at treatment start time Protect from Light.			

Medications

Medications (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN CHEMO CYCLOPHOSPHAMIDE 1000 MG/M2 IV OVER 30 MIN**			
☑	cycloPHOSphamide (CYTOXAN) 1,000 mg/m2 in sodium chloride 0.9% (NS) 250 mL chemo infusion	Every 4 weeks	S	Until discont'd

1,000 mg/m2, intravenous, Once, Starting when released

* Cytotoxic Agent Precautions * Oral hydration is strongly encouraged with cyclophosphamide; poorly hydrated patients may need supplemental IV hydration. Patients should attain combined oral and IV hydration of 2-3 L/day on day of chemotherapy.

Post-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN POSTMED MESNA MG/M2 OVER MIN (90 MIN OFFSET)**			
☑	mesna (MESNEX) 600 mg/m2 in sodium chloride 0.9% (NS) 50 mL infusion	Every 4 weeks	S	Until discont'd

600 mg/m2, intravenous, Once, Starting 90 minutes after treatment start time

Emergency Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd

Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.

☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd

No details available for preview

☑	Oxygen Therapy	PRN	S	Until discont'd

No details available for preview

☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd

1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued
Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.

Start for any grade of reaction.

☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd

		Interval	Defer Until	Duration
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution. Give for Grade III - SEVERE/Anaphylaxis Symptoms.			