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 BONE MODIFYING AGENT DENOSUMAB (PROLIA, XGEVA)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN INJECTION APPOINTMENT REQUEST**			
☑	Injection Appointment Request			

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
	☐ CBC with Automated Diff			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
	☐ CBC Auto Diff 3 Parts			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
	☐ Comprehensive metabolic panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
	☐ Oncology Basic Metabolic Panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
	☐ Hepatic function panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			
☑	**SJH ONCBCN LAB MAGNESIUM**			
	☑ Magnesium			
	No details available for preview			
☑	**SJH ONCBCN LAB PHOSPHATE SERUM**			
	☑ Phosphorus			
	No details available for preview			

Flush Line

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 50 ML/HR - KVO**			
	☑ sodium chloride 0.9% (NS) bolus	Every visit	S	Until discont'd

Flush Line (continued)

	Interval	Defer Until	Duration

500 mL, intravenous, As needed, For primary line., Starting at treatment start time, Until Discontinued
Infuse at 50 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Medications

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY DENOSUMAB XGEVA 120 MG**			
☐	denosumab (XGEVA) subcutaneous injection 120 mg	Every 28 days	S	12 treatments

120 mg, subcutaneous, Once, Starting when released
* Refrigerated * Bring to room temperature 15 to 30 minutes prior to administration.

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY DENOSUMAB XGEVA 120 MG**			
☐	denosumab (XGEVA) subcutaneous injection 120 mg	Every 84 days	S	2 treatments

120 mg, subcutaneous, Once, Starting when released
* Refrigerated * Bring to room temperature 15 to 30 minutes prior to administration.

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY DENOSUMAB PROLIA 60 MG**			
☐	denosumab (PROLIA) subcutaneous injection 60 mg	Every 180 days	S	4 treatments

60 mg, subcutaneous, Once, Starting when released
60 mg SubQ every 6 months. Remove medication from refrigerator to bring to room temperature, do not warm in any other manner

--To prevent hypocalcemia, confirm patient is taking at least 1200mg Calcium and Vitamin D 400-800 IU daily in divided doses

INDICATION: Treatment of osteoporosis in men and postmenopausal women at high risk for fracture or osteoporosis prophylaxis in men at high risk for bone fractures after receiving androgen deprivation therapy for non-metastatic prostate cancer and in women at high risk for bone fractures after receiving adjuvant aromatase inhibitor therapy for breast cancer.

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	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

		Interval	Defer Until	Duration
	Clinic Performed, Status: Future, Expected: S, Expires: S+396 Start for any grade of reaction. O2 Delivery Method: Nasal cannula Titrate to saturation of: 92% Indications of O2: Other (see comments)			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Once as needed, Hypersensitivity reaction, Starting when released 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
	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, Starting when released 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.			