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 ROMOSOZUMAB (EVENITY)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)**			
☑	Infusion Appointment Request	Every 28 days	S	12 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Provider Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PHYSICIAN COMMUNICATION ROMOSOZUMAB CARDIAC RISKS**			
☑	Physician communication order	Every visit	S	Until discont'd

No details available for preview

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION HOLD CALCIUM PARAMETERS FOR ROMOSOZUMAB**			
☑	Nursing communication	Every visit	S	Until discont'd

No details available for preview

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CMP (OR BMP/HF) W/ 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 - Blazer

☐ Hepatic function panel

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

Medications

Medications (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY ROMOSOZUMAB 210 MG SC**			
☑	romosozumab-aqqg (EVENITY) 210mg/2.34mL (105mg/1.17mL x2) syringe 210 mg	Every 28 days	S	12 treatments

210 mg, subcutaneous, Once, Starting when released
Allow to sit at room temperature for at least 30 minutes before administration. Administer into the abdomen, thigh, or outer area of upper arm. Rotate injection sites; if the same injection site is chosen, do not inject into the same spot used for the first injection. Avoid areas of skin that are tender, bruised, red, hard, scarred, or with stretch marks.

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

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

		Interval	Defer Until	Duration
☑	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.