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 EPOETIN ALFA (RETACRIT)

version 8/6/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN INJECTION APPOINTMENT REQUEST**			
☑	Injection Appointment Request	Every 2 weeks	S	6 treatments

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

Appointment Request (continued)

Provider Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PROVIDER COMMUNICATION RETACRIT**			
☑	Provider Communication	Every 2 weeks	S	6 treatments

Myelodysplastic Syndrome (recommended dose: 40,000 - 60,000 units 1-3 times/week)
INDICATED IF HEMOGLOBIN < 12g/dL upon initiation of therapy (hold for HGB greater than or equal to 12g/dL)

Anemia dut to Chronic Kideny Disease (non-dialysis) (recommended initial dose: 50 - 100 units/kg subQ 3 timeses/week) INIDICATED IF HEMOGLOGIN < 10g/dL upon initiation of therapy (hold or reduce dose for Hgb > 10g/dL)

Anemia due to Other Indications (initial dose varies based on the indications)
INIDICATED IF HEMOGLOBIN < 12g/dL upon initiation of therapy (hold for Hgb > 12g/dL)

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 2 weeks	S	6 treatments

No details available for preview
Selection Condition: Lab location - SJH Oncology - Not London or Corbin

☐	CBC Auto Diff 3 Parts	Every 2 weeks	S	6 treatments

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

☐	**SJH ONCBCN LAB IRON STUDIES (CBC OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☑	Iron and TIBC			

No details available for preview

☑	Ferritin			

No details available for preview

☑	Reticulocyte count			

No details available for preview

☐	CBC with Automated Diff			

Labs (continued)

		Interval	Defer Until	Duration
	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			
☑	Iron, serum			
	No details available for preview			
☑	Vitamin B12			
	No details available for preview			
☑	Folate			
	No details available for preview			

Medications

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY EPOETIN ALFA RETACRIT 20,000 UNITS**			
☐	epoetin alfa-epbx (RETACRIT) 20,000 unit/mL injection 20,000 Units	Every 2 weeks	S	6 treatments
	20,000 Units, subcutaneous, Once, Starting when released Hold if Hgb >11 g/dL (Renal) or 12 g/dL (Chemo Induced Anemia/Myelodysplastic Syndrome). Notify MD if dose is held. Per Policy: verify that a Hgb level has been drawn within 48 hours. If no level available. nurse will order Hgb level and process with a communication type. "For Provider Co-Sign"Refrigerate. Do not shake or send via pneumatic tube.			
☐	**SJH ONCBCN THERAPY EPOETIN ALFA RETACRIT 30,000 UNITS**			
☐	epoetin alfa-epbx (RETACRIT) injection 30,000 Units	Every 2 weeks	S	6 treatments
	30,000 Units, subcutaneous, Once Do NOT dilute. Do not mix with other drug solutions. Chemotherapy induced anemia and chronic kidney disease-Hgb/Hct <10/30 Myelodysplastic Syndrome			
☐	**SJH ONCBCN THERAPY EPOETIN ALFA RETACRIT 40,000 UNITS**			
☐	epoetin alfa-epbx (RETACRIT) injection 40,000 Units	Every 2 weeks	S	6 treatments

Medications (continued)

		Interval	Defer Until	Duration
	40,000 Units, subcutaneous, Once, Starting when released Chemotherapy induced anemia and chronic kidney disease-Hgb/Hct <10/30 Myelodysplastic Syndrome Hgb/Hct <12/36			
☐	**SJH ONCBCN THERAPY EPOETIN ALFA RETACRIT 60,000 UNITS**			
☐	epoetin alfa-epbx (RETACRIT) injection 60,000 Units	Every 2 weeks	S	6 treatments
	60,000 Units, subcutaneous, Once, Starting when released Do NOT dilute. Do not mix with other drug solutions. Chemotherapy induced anemia and chronic kidney disease-Hgb/Hct <10/30 Myelodysplastic Syndrome			

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.			
☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	Start for any grade of reaction. 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

		Interval	Defer Until	Duration
	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.			