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 TESTOSTERONE CYPIONATE

version 9/12/2022

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

Appointment Request (continued)

Medications

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY TESTOSTERONE CYPIONATE 100 MG**			
☐	testosterone cypionate (DEPOTESTOTERONE CYPIONATE) injection 100 mg 100 mg, intraMUSCULAR, Once, Starting when released Administer deep IM in gluteal muscle.	1 time a week	S	12 treatments
☐	**SJH ONCBCN THERAPY TESTOSTERONE CYPIONATE 100 MG**			
☐	testosterone cypionate (DEPOTESTOTERONE CYPIONATE) injection 100 mg 100 mg, intraMUSCULAR, Once, Starting when released Administer deep IM in gluteal muscle.	Every 2 weeks	S	12 treatments
☐	**SJH ONCBCN THERAPY TESTOSTERONE CYPIONATE 200 MG**			
☐	testosterone cypionate (DEPOTESTOTERONE CYPIONATE) injection 200 mg 200 mg, intraMUSCULAR, Once, Starting when released Administer deep IM in gluteal muscle.	1 time a week	S	12 treatments
☐	**SJH ONCBCN THERAPY TESTOSTERONE CYPIONATE 200 MG**			
☐	testosterone cypionate (DEPOTESTOTERONE CYPIONATE) injection 200 mg 200 mg, intraMUSCULAR, Once, Starting when released Administer deep IM in gluteal muscle.	Every 2 weeks	S	12 treatments

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	IV/CVAD Line Care 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.	PRN	S	Until discont'd
☑	Deaccess/Discontinue CVAD No details available for preview	PRN	S	Until discont'd
☑	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.			