

Physician's Orders

LEUPROLIDE (ELIGARD) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Page 1 to 2

Defaults for orders not otherwise specified below:

- ☐ Interval: Every 28 days
- ☐ Interval: Every 84 days
- ☐ Interval: Every 112 days
- ☐ Interval: Every 168 days

Duration:

- ☐ Until date: _____
- ☐ 1 year
- ☐ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CH Blodgett (GR) | <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington | <input type="checkbox"/> CH Reed City |
| <input type="checkbox"/> CH Gerber | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock | <input type="checkbox"/> CH Zeeland |
| <input type="checkbox"/> CH Greenville | | | |

Appointment Requests

☒ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365

Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after injection

☒ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 1

Administration: Subcutaneous

Always administer the prescribed dose using a single dosage form that contains the exact amount prescribed.

Do not use concurrently a fractional dose of the 3-, 4-, or 6-month depot formulation, or a combination of doses of the monthly depot formulation or any depot formulation due to different release characteristics. Do not use a combination of syringes to achieve a particular dose.

Eligard: Vary/rotate injection site; choose site with adequate subcutaneous tissue (eg, upper or mid-abdomen, upper buttocks) that does not have excessive pigment, nodules, lesions, or hair. Avoid areas with brawny or fibrous tissues or areas that may be compressed or rubbed (eg, belt or waistband). Administer within 30 minutes of preparation.

Nursing Orders

☒ Hypersensitivity Reaction Adult Oncology Protocol S Until discont'd

Routine, Until discontinued Starting when released for 24 hours

HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

CONTINUED ON PAGE 2 →

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.



LEUPROLIDE (ELIGARD) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

Page 2 to 2

Patient Name

DOB

MRN

Physician

CSN

Medications

☒ leuprolide acetate (ELIGARD) injection

Dose:

- ☐ 7.5 mg (usually every 1 month)
☐ 22.5 mg (usually every 3 months)
☐ 30 mg (usually every 4 months)
☐ 45 mg (usually every 6 months)

Subcutaneous, Once, Starting S, For 1 Doses

Do not use concurrently a fractional dose of the 3-, 4-, or 6-month depot formulation, or a combination of doses of the monthly depot formulation or any depot formulation due to different release characteristics. Do not use a combination of syringes to achieve a particular dose.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician Sign

EPIC VERSION DATE: 07/16/20