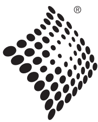


Spectrum Health

Physician's Orders TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name

DOB

MRN

Physician

FIN

Defaults for orders not otherwise specified below:

- ☐ Interval: Every 14 days
- ☐ Interval: Every 28 days
- ☐ Interval: Every _____ days

Duration:

- ☐ Until date: __________
- ☐ 1 year
- ☐ ______# of Treatments

Anticipated Infusion Date_____________ ICD 10 Code with Description__________________________________

Height_____________(cm) Weight____________(kg) Allergies____

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

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 and possible labs

Provider Ordering Guidelines

☑ ONC PROVIDER REMINDER 10

TESTOSTERONE CYPIONATE:

Testosterone (total) should be monitored during therapy. Measure testosterone level midway between injections - not at the time of injection. These labs should be ordered separately. General recommendations: 3 to 6 months after initiation (formulation-dependent), at 12 months, then every 6 to 12 months.

Discontinue therapy if hematocrit exceeds 54%.

Assess for signs and symptoms of cardiovascular events.

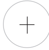
Labs

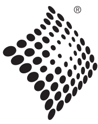
	Interval	Duration
☑ Hepatic Function Panel (Liver Panel) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 Treatment
☑ Hemoglobin + Hematocrit (H+H) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 Treatment
☑ Lipid Panel Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 Treatment
☑ Hepatic Function Panel (Liver Panel) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ PRN, Every ___ days	PRN
☑ Hemoglobin + Hematocrit (H+H) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ PRN, Every ___ days	PRN

CONTINUED ON PAGE 2 ➔

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

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.





Spectrum Health

TESTOSTERONE CYPIONATE (DEPO-TESTOSTERONE) - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Patient Name

DOB

MRN

Physician

FIN

Labs (continued)

	Interval	Duration
☑ Lipid Panel Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ PRN, Every ___ days	PRN
☐ Labs: ____	☐ Every ___days ☐ Once	☐ Until date: _______ ☐ 1 year ☐ ______# of Treatments

Medications

☑ testosterone cypionate (DEPO-TESTOSTERONE CYPIONATE) 200 MG/ML injection **HAZARDOUS MEDICATION** Observe special handling, administration and disposal requirements.

Dose:
- ☐ 50 mg
- ☐ 100 mg
- ☐ 200 mg
- ☐ 400 mg

Intramuscular, Once, Starting S, For 1 Doses

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

EPIC VERSION DATE: