Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

Physician's Orders
CYANOCOBALAMIN (VITAMIN B-12) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 7 days
- ☐ Interval: Every 28 days
- ☐ Interval: Every 63 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

☐ CH Blodgett (GR)	☐ CH Helen DeVos (GR)	☐ CH Ludington	☐ CH Reed City
☐ CH Gerber	☐ CH Lemmen Holton (GR)	☐ CH Pennock	☐ CH Zeeland
☐ CH Greenville			

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

Safety Parameters and Special Instructions

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 3

Monitoring Parameters: Vitamin B12, hemoglobin, hematocrit, erythrocyte and reticulocyte count; folate and iron levels should be obtained prior to treatment; vitamin B12 and peripheral blood counts should be monitored 1 month after beginning treatment, then every 3 to 6 months thereafter.

Evaluate serum methylmalonic acid and total homocysteine levels at baseline (prior to supplementation) in untreated patients to confirm vitamin B12 deficiency (and extent of deficiency); repeat to confirm adequate supplementation.

Additional laboratory monitoring may be necessary in patients with megaloblastic/pernicious anemia or after Bariatric Surgery.

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.

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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.

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CYANOCOBALAMIN (VITAMIN B-12) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Supplemental Labs

	Interval	Duration
☐ Complete Blood Count w/Differential Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once	Every ___days 1 year # of Treatments
☐ Iron and Iron Binding Capacity Level Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once	Every ___days 1 year _____# of Treatments
☐ Ferritin, Blood Level Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once	Every ___days 1 year _____# of Treatments
☐ Transferrin, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
☐ Reticulocyte Count with Reticulocyte Hemoglobin Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
☐ Vitamin B12 Blood Level Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
☐ Folate, Blood Level Status: Future, Expected: S, Expires S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once	☐ Until date: _____
☐ Other labs: _____	☐ Every ____ days	☐ 1 year ☐ _____# of Treatments

Medications

☑ cyanocobalamin (B-12) 1000 MCG/ML injection 1,000 mcg
1,000 mcg, Intramuscular, Once, Starting S, For 1 Doses

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:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician Sign**

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