Spectrum Health

Patient Name
DOB
MRN
Physician
CSN

Physician's Orders
GRANULOCYTE STIMULATION FACTOR (G-CSF) - ADULT, OUTPATIENT, INFUSION CENTER

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 1 day
- ☐ Interval: Once
- ☐ Interval: Every ___ days

Duration:
- ☐ 5 treatments
- ☐ Once
- ☐ Until date: _____
- ☐ _____# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

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

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

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

	Interval	Duration
☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 1	Once	1 treatment

GRANULOCYTE COLONY STIMULATING FACTOR (G-CSF):

Do not administer in the period 24 hours before to 24 hours after cytotoxic chemotherapy. May round the dose to the nearest vial size for convenience and cost minimization

Labs

☑ Complete Blood Count w/Differential
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

☐ Labs: _____ ☐ Every ___days ☐ Once ☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

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.

CONTINUED ON PAGE 2 ➔

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

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GRANULOCYTE STIMULATION FACTOR (G-CSF) - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Medications

☑ **Zarxio-preferred Per Formulary Or Granix Or Nivestym Or Neupogen Subq Once – defer to insurance requirements for specific product covered. Proceed with administration based on coverage. If more than one is approved, will confirm with ordering provider.**

☐ filgrastim-sndz (ZARXIO) injection **(PREFERRED)**
Normal dosing = 5 mcg/kg. Doses of 10 mcg/kg are generally reserved for Blood and Marrow Transplant (BMT) services.
Dose:
- ☐ 5 mcg/kg
- ☐ 300 mcg
- ☐ 480 mcg
- ☐ 600 mcg
- ☐ 780 mcg
- ☐ 900 mcg
- ☐ 1,080 mcg
- ☐ 1,200 mcg
- ☐ 1,260 mcg
- ☐ 1,380 mcg
- ☐ 1,440 mcg

Subcutaneous, Once, Starting S, For 1 Dose

☐ Tbo-filgrastim (GRANIX) injection
Normal dosing = 5 mcg/kg. Doses of 10 mcg/kg are generally reserved for Blood and Marrow Transplant (BMT) services.
Dose:
- ☐ 5 mcg/kg
- ☐ 300 mcg
- ☐ 480 mcg
- ☐ 600 mcg
- ☐ 780 mcg
- ☐ 900 mcg
- ☐ 1,080 mcg
- ☐ 1,200 mcg
- ☐ 1,260 mcg
- ☐ 1,380 mcg
- ☐ 1,440 mcg

Subcutaneous, Once, Starting S, For 1 Dose

☐ Filgrastim-aafi (NIVESTYM) injection SOLN
Normal dosing = 5 mcg/kg. Doses of 10 mcg/kg are generally reserved for Blood and Marrow Transplant (BMT) services.
Dose:
- ☐ 5 mcg/kg
- ☐ 300 mcg
- ☐ 480 mcg
- ☐ 600 mcg
- ☐ 780 mcg
- ☐ 900 mcg
- ☐ 1,080 mcg
- ☐ 1,200 mcg
- ☐ 1,260 mcg
- ☐ 1,380 mcg
- ☐ 1,440 mcg

Subcutaneous, Once, Starting S, For 1 Dose

☐ Filgrastim (NEUPOGEN) injection SOLN
Normal dosing = 5 mcg/kg. Doses of 10 mcg/kg are generally reserved for Blood and Marrow Transplant (BMT) services.
Dose:
- ☐ 5 mcg/kg
- ☐ 300 mcg
- ☐ 480 mcg
- ☐ 600 mcg
- ☐ 780 mcg
- ☐ 900 mcg
- ☐ 1,080 mcg
- ☐ 1,200 mcg
- ☐ 1,260 mcg
- ☐ 1,380 mcg
- ☐ 1,440 mcg

Subcutaneous, Once, Starting S, For 1 Dose

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

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