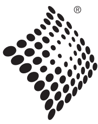

Spectrum Health

Physician's Orders OCTREOTIDE (SANDOSTATIN LAR DEPOT) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name

DOB

MRN

Physician

FIN

Defaults for orders not otherwise specified below:
- ☐ 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

Safety Parameters and Special Instructions

☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

OCTREOTIDE (SANDOSTATIN LAR DEPOT):

M depot injection: Patients must be stabilized on subcutaneous octreotide for at least 2 weeks before switching to the long-acting depot. Upon switch: 20 mg IM intragluteally every 4 weeks. Duration depends on indication. Then dose may be modified based upon response.

Monitoring Parameters:

Acromegaly: Growth hormone, somatomedin C (IGF-1)

Carcinoid: 5-HIAA, plasma serotonin and plasma substance P

VIPomas: Vasoactive intestinal peptide

Chronic therapy: Thyroid function (baseline and periodic), vitamin B12 level, blood glucose, glycemic control and antidiabetic regimen (patients with diabetes mellitus), cardiac function (heart rate, ECG), zinc level (patients with excessive fluid loss maintained on TPN)

Labs

	Interval	Duration
☐ Thyroid Stimulating Hormone (TSH) Level	☐ Every ___days ☐ Once	☐ Until date: _______ ☐ 1 year ☐ ______# of Treatments

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

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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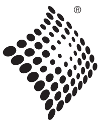

Spectrum Health

OCTREOTIDE (SANDOSTATIN LAR DEPOT) - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Patient Name
DOB
MRN
Physician
FIN

		Interval	Duration
☐	T4 (Thyroxine), Free, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Every ___days ☐ Once	☐ Until date: _______ ☐ 1 year ☐ ______# of Treatments
☐	Parathyroid Hormone (PTH) Intact Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Every ___days ☐ Once	☐ Until date: _______ ☐ 1 year ☐ ______# of Treatments
☐	Vitamin B12 Blood Level Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Every ___days ☐ Once	☐ Until date: _______ ☐ 1 year ☐ ______# of Treatments

Additional Lab Orders

		Interval	Duration
☐	Labs: ____	☐ Every ___days ☐ Once	☐ Until date: _______ ☐ 1 year ☐ ______# of Treatments

Medications

☑ octreotide (SandoSTATIN LAR) injection kit

Doses:

- ☐ 10 mg
- ☐ 20 mg
- ☐ 30 mg
- ☐ 40 mg
- ☐ _____ mg

Intramuscular, Administer over 3 Minutes, Once, Starting S, For 1 Dose

Depot formulation: Administer IM intragluteal (avoid deltoid administration); alternate gluteal injection sites to avoid irritation. For IM administration only; do not administer depot formulation (Sandostatin LAR) intravenously or subcutaneously; MUST BE ADMINISTERED IMMEDIATELY AFTER MIXING

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: 07/16/20

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