



Patient Name \_\_\_\_\_  
DOB \_\_\_\_\_  
MRN \_\_\_\_\_  
Physician \_\_\_\_\_  
FIN \_\_\_\_\_

Defaults for orders not otherwise specified below:

- Interval: Every 28 days (3.6 mg: Zoladex)
- Interval: Every 84 days (10.8 mg: Zoladex LA)

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"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> 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**  
GOSERELIN (ZOLADEX/ZOLADEX LA):  
  
Monitor blood glucose and HbA1c (periodically), bone mineral density, serum calcium, cholesterol/lipids; monitor for signs/symptoms of abdominal hemorrhage following injection.  
  
Prostate cancer: Consider periodic ECG and electrolyte monitoring. Monitor for weakness, paresthesias, tumor flare, urinary tract obstruction, and spinal cord compression in first few weeks of therapy.

**Nursing Orders**

- ONC NURSING COMMUNICATION 112**  
GOSERELIN (ZOLADEX/ZOLADEX LA):  
  
Administer implant by inserting needle at a 30 to 45 degree angle into the anterior abdominal wall below the navel line. Use caution while injecting goserelin into the anterior abdominal wall (due to the proximity of underlying inferior epigastric artery and its branches).  
  
Goserelin is an implant; therefore, do not attempt to eliminate air bubbles prior to injection (may displace implant). Do not attempt to aspirate prior to injection; if a large vessel is penetrated, blood will be visualized in the syringe chamber (if vessel is penetrated, withdraw needle and inject elsewhere with a new syringe). Do not penetrate into muscle or peritoneum. Implant may be detected by ultrasound if removal is required. Monitor for signs/symptoms of abdominal hemorrhage.  
  
Use extra care when administering goserelin to patients with a low BMI and/or to patients receiving full dose anticoagulation.



**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.



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**Labs**

- Lipid Panel**  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Calcium, Blood Level, Total**  
Status: Future, Expected: S, Expires: S+365, STAT, Clinic Collect, Blood, Blood, Venous

- Lab: \_\_\_\_\_
- Every \_\_\_ days
- Once
- Until date: \_\_\_\_\_
- 1 year
- \_\_\_\_\_ # of Treatments

**Pre-Medications**

- lidocaine (PF) 1 % injection 1 mL**  
1 mL, Subcutaneous, Once, Starting S, For 1 Doses  
Prior to goserelin (ZOLADEX) at planned injection site
- Pre-medication with dose: \_\_\_\_\_

**Medications**

- |   | Interval                               |
|---|--|
| <input type="checkbox"/> <b>goserelin (ZOLADEX) injection 3.6 mg</b><br>3.6 mg, Implant, Once, Starting S, For 1 Doses<br>SubQ depot injection. Site of choice anterior abdominal wall below the naval live.      | <input type="checkbox"/> Every 28 days |
| <input type="checkbox"/> <b>goserelin (ZOLADEX LA) injection 10.8 mg</b><br>10.8 mg, Implant, Once, Starting S, For 1 Doses<br>SubQ depot injection. Site of choice anterior abdominal wall below the naval live. | <input type="checkbox"/> Every 84 days |



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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

EPIC VERSION DATE: 07/16/20