



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

Page 1 to 3

Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 FIN _____

Defaults for orders not otherwise specified below:

- Interval: Every 1 day x 5 treatments
- Interval: Once
- Interval: Every ___ days

Duration:

- Until date: _____
- # 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+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

Provider Ordering Guidelines

- | | Interval | Duration |
|---|----------|-------------|
| <input checked="" type="checkbox"/> ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 1
GRANULOCYTE COLONY STIMULATING FACTOR (G-CSF): | Once | 1 treatment |
| 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 _____

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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.

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

Page 2 to 3

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 Doses

- 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 Doses

- 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 Doses



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

Page 3 to 3

- 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 Doses

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

EPIC VERSION DATE: 07/16/20