



Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- Interval: Every 28 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

Provider Reminder

- ONC PROVIDER REMINDER 10
Assess thyroid function at baseline and as warranted based on clinical symptoms.

Labs

	Interval	Duration
<input checked="" type="checkbox"/> Thyroid Stimulating Hormone (TSH) Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 Treatment
<input checked="" type="checkbox"/> T4 (Thyroxine), Free, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Once	1 Treatment
<input checked="" type="checkbox"/> Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
<input type="checkbox"/> Lab: _____	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments

Treatment Parameters

- ONC MONITORING AND HOLD PARAMETERS 11
May proceed with treatment if blood glucose greater than 60 mg/dL
May proceed with treatment if blood glucose less than or equal to 180 mg/dL
- ONC MONITORING AND HOLD PARAMETERS 12
May proceed with treatment if serum bilirubin less than 1.5 mg/dL

Medications

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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.



Spectrum Health

**SOMATULINE
(LANREOTIDE DEPOT) -
ADULT, OUTPATIENT,
INFUSION CENTER
(CONTINUED)**

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- lanreotide acetate (SOMATULINE DEPOT) 120 MG/0.5ML injection 120 mg

120 mg, Subcutaneous, Once, Starting S, For 1 Doses

Adminster by deep subcutaneous injection into superior outer quadrant of buttocks. Alternate injection sites between the right and left sides from one injection to the next. Remove sealed pouch from refrigerator 30 minutes prior to administration.

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