Spectrum Health

Physician's Orders CYANOCOBALAMIN (VITAMIN B-12) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 7 days
- ☐ Interval: Every 28 days
- ☐ Interval: Every 63 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+366, 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 3

Monitoring Parameters: Vitamin B12, hemoglobin, hematocrit, erythrocyte and reticulocyte count; folate and iron levels should be obtained prior to treatment; vitamin B12 and peripheral blood counts should be monitored 1 month after beginning treatment, then every 3 to 6 months thereafter.

Evaluate serum methylmalonic acid and total homocysteine levels at baseline (prior to supplementation) in untreated patients to confirm vitamin B12 deficiency (and extent of deficiency); repeat to confirm adequate supplementation.

Additional laboratory monitoring may be necessary in patients with megaloblastic/pernicious anemia or after Bariatric Surgery.

Supplemental Labs

		Interval	Duration
☐	Complete Blood Count w/Differential	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Iron and Iron Binding Capacity Level	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Ferritin, Blood Level	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		

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

Spectrum Health

CYANOCOBALAMIN (VITAMIN B-12) - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Patient Name

DOB

MRN

Physician

FIN

Supplemental Labs (continued)

		Interval	Duration
☐	Transferrin, Blood Level	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Reticulocyte Count with Reticulocyte Hemoglobin	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Vitamin B12 Blood Level	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Folate, Blood Level	☐ Once ☐ Every ____days	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	☐ Once	☐ Until date: _____
☐	Other labs: _____	☐ Every ____ days	☐ 1 year ☐ _____# of Treatments

Medications

☑ cyanocobalamin (B-12) 1000 MCG/ML injection 1,000 mcg
1,000 mcg, Intramuscular, Once, Starting S, For 1 Doses

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

