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

Page 1 of 2

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.

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
☐ Complete Blood Count w/Differential
  Interval: Once
  Duration: Until date: __________
  ☐ Every _____days
  _____# of Treatments

☐ Iron and Iron Binding Capacity Level
  Interval: Once
  Duration: Until date: __________
  ☐ Every _____days
  _____# of Treatments

☐ Ferritin, Blood Level
  Interval: Once
  Duration: Until date: __________
  ☐ Every _____days
  _____# of Treatments

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

<table>
<thead>
<tr>
<th>Lab Description</th>
<th>Interval</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Transferrin, Blood Level</td>
<td>☐ Once</td>
<td>☐ Until date: __________</td>
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<td>☐ Every ___ days</td>
<td>☐ 1 year</td>
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<td>☐ ___ # of Treatments</td>
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<tr>
<td>Reticulocyte Count with Reticulocyte Hemoglobin</td>
<td>☐ Once</td>
<td>☐ Until date: __________</td>
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<td></td>
<td>☐ Every ___ days</td>
<td>☐ 1 year</td>
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<td>☐ ___ # of Treatments</td>
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<tr>
<td>Vitamin B12 Blood Level</td>
<td>☐ Once</td>
<td>☐ Until date: __________</td>
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<td>☐ Every ___ days</td>
<td>☐ 1 year</td>
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<tr>
<td>Folate, Blood Level</td>
<td>☐ Once</td>
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<td>Other labs:</td>
<td>☐ Once</td>
<td>☐ Until date: __________</td>
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</tbody>
</table>

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.