



Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- LOADING DOSE:** Once
- MAINTENANCE DOSE:** Every 28 days, starting 28 days after loading dose

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**
DEGARELIX (FIRMAGON):
 - Monitor prostate-specific antigen (PSA) periodically, serum testosterone levels (if PSA increases; in patients with hepatic impairment: monitor testosterone levels monthly until achieve castration levels, then consider monitoring every other month.
 - Monitor bone mineral density. Supplemental calcium and vitamin D may reduce risk of osteoporosis due to androgen deprivation.
 - Consider baseline and periodic ECG monitoring.
 - Geriatric considerations: Monitor serum lipids and blood pressure.

Labs

	Interval
<input checked="" type="checkbox"/> Complete Blood Count w/Differential Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Every 84 days
<input checked="" type="checkbox"/> Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Every 84 days
<input checked="" type="checkbox"/> Magnesium, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Every 84 days
<input checked="" type="checkbox"/> Phosphorus, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Every 84 days
<input checked="" type="checkbox"/> Lipid Panel Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Every 84 days
<input checked="" type="checkbox"/> Total Testosterone Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Every 84 days
<input checked="" type="checkbox"/> Prostate Specific Antigen (PSA) Screening Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Every 84 days

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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.



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Labs (continued)

Lab: _____ Every ___ days Until date: _____
 Once 1 year
 _____ # of Treatments

Nursing Orders

- ONC NURSING COMMUNICATION 100**
May Initiate IV Catheter Patency Adult Protocol

Chemotherapy

	Interval	Duration
<input checked="" type="checkbox"/> degarelix (240 MG Dose) (FIRMAGON) injection 240 mg 240 mg, Subcutaneous, Once, Starting S, For 1 Dose Loading dose. Inject loading dose as two 3 mL injections in different sites.	Once	1 treatment
<input checked="" type="checkbox"/> degarelix (FIRMAGON) injection 80 mg 80 mg, Subcutaneous, Once, Starting S, For 1 Dose Maintenance dose. Administer dose in 2 injections.	Every 28 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: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
		Sign		R.N. Sign		Physician Print
						Physician

EPIC VERSION DATE: 03/19/20