Physician's Orders

LEUPROLIDE (ELIGARD) - ADULT, OUTPATIENT, INFUSION CENTER

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Defaults for orders not otherwise specified below:

- Interval: Every 28 days
- Interval: Every 84 days
- Interval: Every 112 days
- Interval: Every 168 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
  Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after injection

Safety Parameters and Special Instructions

- ☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 1
  Administration: Subcutaneous
  Always administer the prescribed dose using a single dosage form that contains the exact amount prescribed.
  Do not use concurrently a fractional dose of the 3-, 4-, or 6-month depot formulation, or a combination of doses of the monthly depot formulation or any depot formulation due to different release characteristics. Do not use a combination of syringes to achieve a particular dose.
  Eligard: Vary/rotate injection site; choose site with adequate subcutaneous tissue (eg, upper or mid-abdomen, upper buttocks) that does not have excessive pigment, nodules, lesions, or hair. Avoid areas with brawny or fibrous tissues or areas that may be compressed or rubbed (eg, belt or waistband). Administer within 30 minutes of preparation.

Medications

- ☑ leuprolide acetate (ELIGARD) injection
  **Dose:**
  - 7.5 mg (usually every 1 month)
  - 22.5 mg (usually every 3 months)
  - 30 mg (usually every 4 months)
  - 45 mg (usually every 6 months)

  Subcutaneous, Once, Starting S, For 1 Doses
  Do not use concurrently a fractional dose of the 3-, 4-, or 6-month depot formulation, or a combination of doses of the monthly depot formulation or any depot formulation due to different release characteristics. Do not use a combination of syringes to achieve a particular dose.

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.