Physician's Orders

OCTREOTIDE
(SANDOSTATIN LAR DEPOT) - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 2

Defaults for orders not otherwise specified below:

☐ Interval: Every 28 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+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

OCTREOTIDE (SANDOSTATIN LAR DEPOT):

M depot injection: Patients must be stabilized on subcutaneous octreotide for at least 2 weeks before switching to the long-acting depot. Upon switch: 20 mg IM intraglutaneously every 4 weeks. Duration depends on indication. Then dose may be modified based upon response.

Monitoring Parameters:
Acromegaly: Growth hormone, somatomedin C (IGF-1)
Carcinoid: 5-HIAA, plasma serotonin and plasma substance P
VIPomas: Vasoactive intestinal peptide
Chronic therapy: Thyroid function (baseline and periodic), vitamin B12 level, blood glucose, glycemic control and antidiabetic regimen (patients with diabetes mellitus), cardiac function (heart rate, ECG), zinc level (patients with excessive fluid loss maintained on TPN)

Labs

<table>
<thead>
<tr>
<th></th>
<th>Interval</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Thyroid Stimulating Hormone (TSH) Level</td>
<td>Every ___ days</td>
<td>Until date: _____</td>
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<tr>
<td></td>
<td>Once</td>
<td>1 year</td>
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<tr>
<td></td>
<td></td>
<td># of Treatments</td>
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CONTINUED ON PAGE 2 ➔
OCTREOTIDE (SANDOSTATIN LAR DEPOT) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Patient Name
DOB
MRN
Physician
FIN

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.

T4 (Thyroxine), Free, Blood Level
☐ Every ___ days
☐ Once
☐ Until date: ______
☐ 1 year
☐ _____# of Treatments

Parathyroid Hormone (PTH) Intact
☐ Every ___ days
☐ Once
☐ Until date: ______
☐ 1 year
☐ _____# of Treatments

Vitamin B12 Blood Level
☐ Every ___ days
☐ Once
☐ Until date: ______
☐ 1 year
☐ _____# of Treatments

Additional Lab Orders
☐ Labs: ______________________________________
☐ Every ___ days
☐ Once
☐ Until date: ______
☐ 1 year
☐ _____# of Treatments

Medications
☑ octreotide (SandoSTATIN LAR) injection kit

Doses:
☐ 10 mg
☐ 20 mg
☐ 30 mg
☐ 40 mg
☐ _____ mg

Intramuscular, Administer over 3 Minutes, Once, Starting S, For 1 Dose

Depot formulation: Administer IM intragluteal (avoid deltoid administration); alternate gluteal injection sites to avoid irritation. For IM administration only; do not administer depot formulation (Sandostatin LAR) intravenously or subcutaneously; MUST BE ADMINISTERED IMMEDIATELY AFTER MIXING

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
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