Spectrum Health

Physician's Orders ROMIPLOSTIM (NPLATE) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 7 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 2

ROMIPLOSTIM (NPLATE):

Dosage and Administration:
1. Use actual body weight for calculating initial dose
2. Do not exceed a maximum weekly dose of 10 mcg/kg
3. Use the lowest dose to achieve and maintain a platelet count greater than 50,000 as necessary to reduce risk of bleeding

Assess platelet count weekly until a stable platelet count (greater than 50,000 for at least 4 weeks without dose adjustments) has been achieved. Platelet count (+ peripheral blood smear) can be obtained monthly thereafter.

Dose adjustment should be made using the following algorithm:
Platelets less than 50 x 10^3/uL: Increase weekly dose by 1 mcg/kg

Platelets between 50-200 x 10^3/uL: Continue current dose

Platelets greater than 200 x 10^3/uL for 2 consecutive weeks: Reduce dose by 1 mcg/kg

Platelets greater than 400 x 10^3/uL: Do not give dose and continue to assess platelets weekly; once platelet count decreases to less than 200 x 10^3/uL, resume at a weekly dose reduced by 1mcg/kg

Discontinue romiplostim for:
Platelet count that does not increase to a level sufficient to avoid clinically significant bleeding after 4 weeks at the highest dose of 10mcg/kg

Development of morphological abnormalities or cytopenia(s); consider a bone marrow biopsy to include staining for fibrosis

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

Spectrum Health

ROMIPLOSTIM (NPLATE) - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Patient Name

DOB

MRN

Physician

FIN

Labs

☑ Complete Blood Count w/Differential
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

☐ Lab _____

☐ Every ___days
☐ Once

☐ Until date: _____
☐ 1 year
☐ _____# of Treatments

Treatment Parameters

☑ ONC MONITORING AND HOLD PARAMETERS 16
Do NOT administer romiPLOStim if platelets greater than 400 x 10^3/uL and contact provider.

Medications

☑ romiplostim (NPLATE) injection 1 mcg/kg (Treatment Plan)
1 mcg/kg, Subcutaneous, Once, Starting S, For 1 Doses
Protect from light.

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:		VALIDATED:		ORDERED:		
TIME	DATE	TIME	DATE	TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 07/16/20

