Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy
477 W. Horton Rd
Bellingham, WA 98226
Phone (360) 933-4892
Fax (360) 933-1197

Patient Name: _____

Date of Birth: _____ Weight: _____

IV Access: _____

Allergies: _____

Octreotide (Sandostatin) Order Form

- **Orders are initiated unless crossed out by provider.**
- ❑ **Check box to initiate orders.**

Please complete this form and fax to (360)933-1197. Call our office and our clinical pharmacists will be happy to make therapy recommendations.

Diagnoses:

- ❑ Acromegaly ICD-10: E22.0
- ❑ Carcinoid Syndrome ICD-10: E34.0
- ❑ Vasoactive intestinal peptide-secreting tumor ICD-10: D49.0
- ❑ _____ ICD-10: _____
- ❑ _____ ICD-10: _____

Medication Orders:

- ❑ Octreotide _____ mcg _____ times daily for _____ ❑days ❑weeks ❑months

  Route of administration: ❑ SubQ ❑IV push over 3 minutes ❑IV infusion over 15-30 minutes
- ❑ Santostatin LAR Depot _____ mg IM intragluteally every 4 weeks
- ❑ Other: _____

- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- Infusion Reaction Management per Infusion Solutions protocol as needed.

Nursing Orders:

- ❑ If no central IV access, RN to insert peripheral IV and rotate site every 72 to 120 hours or as needed.
- ❑ Other: _____

_____

_____

_____

Labs:

- ❑ _____ ❑ weekly ❑ every _____
- ❑ _____ ❑ weekly ❑ every _____
- ❑ _____ ❑ weekly ❑ every _____

_____ _____

Prescriber Signature *Date*

_____

Please Print Name

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