



| INFUSION SUITE | | RADICAVA INFUSION ORDERS | |
|---|---|--------------------------------------|---|
| Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301 | | Phone: 970-828-3500 | Fax: 970-828-3501 |
| PATIENT INFORMATION - Include Patient Demographics and Insurance Cards | | | |
| Name: | | DOB: | |
| MEDICAL INFORMATION | | | |
| ICD10: | | Patient Height: | |
| Patient Weight (kg): | | Allergies: | |
| *Weigh patient prior to each infusion | | | |
| REQUIRED TESTING | | | |
| Additional labs: | | | |
| <input type="checkbox"/> Insert IV | <input type="checkbox"/> Access Port/PICC | | |
| PREMEDICATIONS 30 minutes prior to starting | | | |
| <input type="checkbox"/> Acetaminophen: | <input type="checkbox"/> 325mg PO X1 | <input type="checkbox"/> 500mg PO X1 | <input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X |
| <input type="checkbox"/> Diphenhydramine: | <input type="checkbox"/> 25mg IV X1 | <input type="checkbox"/> 25mg PO X1 | <input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X |
| <input type="checkbox"/> Methylprednisolone: | <input type="checkbox"/> 40mg IV X1 | <input type="checkbox"/> 100mg IV X1 | <input type="checkbox"/> 125mg IV X1 |
| <input type="checkbox"/> Antihistamine: | <input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1 | | |
| <input type="checkbox"/> Additional PRN: | | | |
| RADICAVA ORDERS | | | |
| <input type="checkbox"/> Initial: | 60mg IV daily over 60 minutes X 14 days (followed by 14 days drug free) | | |
| <input type="checkbox"/> Maintenance: | 60mg IV daily over 60 minutes X 10 days (followed by 14 days drug free) X _____ | | |
| POST INFUSION | | | |
| <input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV. | | | |
| <input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess | | | |
| <input type="checkbox"/> Discharge home after 1 hour observation time <input type="checkbox"/> May keep IV/Port for successive treatments | | | |
| Referring Provider Printed: | | NPI: | |
| Referring Provider Signature: | | Date: | |
| Referring Provider Phone: | | Referring Provider Fax: | |
| DNG Provider Printed: | | | |
| DNG Provider Signature: | | Date: | |

**Credentials must be included*

Infusion Directions:

- Remove package which contains (2) 30mg IV infusion bags
- Do not use if the oxygen indicator has turned blue or purple before opening the package (ok to use if indicator is pink before packaging is opened) (ok to use the product if the indicator turns blue or purple after opening the packaging)
- Spike the bag once without twisting, do not spike upward
- Infuse each bag at 1mg/min, over 30 minutes for a total of 60mg/60 minutes
- no filter required for tubing and tubing may be re-used for 2nd bag