



Riverbend Medical Center Regional Infusion Center (RIC)  
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**THYROTROPIN ALFA (Thyrogen) INFUSION (v. 01/09/2024)**

Diagnosis/Indication (ICD-10): \_\_\_\_\_

**Medications:**

- Thyrotropin alfa 0.9 mg IM every 24 hours x 2 doses

**Nursing communications:**

- Please remind patient to adhere to low-iodine diet for a total of 2 weeks until scan
- Discontinue therapy plan when treatment complete

**Emergency Medications:**

- DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq$  20 points in SBP), nausea, urticaria, chills, pruritic).  
-- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq$  20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given. Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- Emergency medications can be given IM if IV route unavailable

Patient name and DOB \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_