



Cottage Grove Infusion
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OCTREOTIDE ACETATE (Sandostantin IAR) INJECTION (v. 05/21/2024)

Diagnosis/Indication (ICD-10): _____

Medications:

- .. Octreotide 20 mg IM every 4 weeks x 3 months
- .. Octreotide 30 mg IM every 4 weeks x 3 months
- .. Octreotide 40 mg IM every 4 weeks x 3 months
- .. Octreotide 30 mg IM every 8 weeks x 4 doses, then 30 mg IM every 4 weeks for up to 18 months
- .. Octreotide _____

Nursing communications:

- Vital signs as needed

Emergency Medications:

- n 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 (≥ 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.
- n 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 (≥ 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- n 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.
- n Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- n Emergency medications can be given IM if IV route unavailable

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____