

# Cottage Grove Infusion 1515 Village Drive Cottage Grove, OR 97424 Phone 541-767-5447 Fax 541-767-5399 E-Fax 541-434-3164

# PEGFILGRASTIM-cbqv (Udenyca) Injection (v. 05/24/2024)

Diagnosis/Indication (ICD-10):

#### **Medication:**

Pegfilgrastim-cbqv 6 mg subcutaneous every \_\_\_\_\_ days for \_\_\_\_\_ doses

### Nursing communications:

Vital signs: as needed

## **Emergency Medications:**

	DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches,
diaphor	esis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 25
mg IV o	nce, 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 (>/= 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, toot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider it given.

Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

May give emergency medications IM if IV route unavailable

Patient name:	Provider printed name:
DOB:	Provider signature:
Height Weight	Date: Time:
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