

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

THYROTROPIN ALFA (Thyrogen) INFUSION (v. 05/24/2024)

Diagno	sis/Indication (ICD-10):		
Medicatio	ns:		
•	Thyrotropin alfa 0.9 mg IM every 24 hours x 2 doses		
	ommunications:		
•	Please remind patient to adhere to low-iodine diet fo	r a total of 2 weeks until scan	
	Discontinue therapy plan when treatment complete		
Emergen	cy Medications:		
	DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as resis, fever, palpitations, chest discomfort, blood preduce, if reaction does not resolve in 3 minutes may re	ssure changes (>/= 20 points in SBI	P), nausea, urticaria, chills, pruritic). Administer 25
20 point Contact	MethylPREDNISolone sodium succinate (Solu-MED noderate drug reaction (flushing, dizziness, headacts in SBP), nausea, urticaria, chills, pruritic) that work provider if given. Epinephrine 0.3 mg IM once for anaphylaxis. If reacted thand, toot, leg veins in elderly patient and those	hes, diaphoresis, fever, palpitation sen or persist 5 minutes after admi ction does not resolve in 3 minutes	s, chest discomfort, blood pressure changes (>/= inistration of diphenhydramine (Benadryl). s may repeat 0.3 mg IM dose for a total of 0.6 mg.
	Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.		
	May give emergency medications IM if IV route un	available	
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ight _	Weight	Date:	Time: