



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

THYROTROPIN ALFA (THYROGEN) THERAPY PLAN [11500510] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Supportive Care

Interval

- THYROTROPIN ALFA 1.1 MG (0.9 MG/ML FINAL CONC.) IM SOLR Route: Intramuscular
Give 2 doses total of Thyrogen injection: 1st dose followed by 2nd dose 24 hours later.
Dose _____

Nursing Orders

Interval

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

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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