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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="display: flex; align-items: center;"> <div> <p><b>Oregon Health &amp; Science University</b><br/> <b>Hospital and Clinics Provider's Orders</b></p> </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">PO7071</div> </div> <p style="text-align: center; margin-top: 5px;">ADULT AMBULATORY INFUSION ORDER<br/> <b>Thyrotropin alfa (THYROGEN)</b><br/> <b>Injection</b></p> </div> | <div style="margin-top: 20px;"> ACCOUNT NO.<br/> MED. REC. NO.<br/> NAME<br/> BIRTHDATE </div> <div style="text-align: right; margin-top: 20px; font-size: small;"> <i>Patient Identification</i> </div> |
| <div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"> <span>Page 1 of 3</span> <span></span> </div> <p><b>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.</b></p>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                          |

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Allergies: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_      Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

#### **GUIDELINES FOR ORDERING**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Thyrogen should only be used by providers knowledgeable in the management of patients with thyroid cancer
3. If Thyrogen is administered with radioiodine, the warnings, precautions, and contraindications for radioiodine also apply to this combination regimen.  
Thyrogen is further contraindication in pregnancy and patients who are breastfeeding.
4. Thyrogen-Induced Hyperthyroidism: Patients with substantial thyroid tissue *in situ* or functional thyroid cancer metastases are at risk of transient (over 7 to 14 days) but significant rise in serum thyroid hormone stimulation. Increased risk for Thyrogen- Induced Hyperthyroidism include the elderly and those with a known history of heart disease. Consider hospitalization for administration of Thyrogen and post-administration observation in patients at risk.
5. Stroke occurring within 72 hours after Thyrogen administration has been observed in post-marketing reports in patients without known central nervous system metastases, the majority of which were young women taking oral contraceptives at time of the event or had other risk factors (e.g. smoking history, migraines). Patients should be well hydrated prior to Thyrogen treatment.
6. Sudden, rapid, and painful enlargement of residual thyroid tissue or distant metastases can occur following Thyrogen treatment. Pre-treatment with corticosteroids should be considered for patients in whom tumor expansion may compromise anatomic structures.
7. Scheduling Considerations: Oral radioiodine should be administered 24 hours following the second thyrotropin alfa injection (for diagnostic scanning and remnant ablation). Perform diagnostic scanning 48 hours after radioiodine administration (72 hours after the second thyrotropin alfa injection).

#### **LABS:**

- ☐ THYROGLOBULIN IMA OR RIA WITH AB, Routine, ONCE



**Oregon Health & Science University  
Hospital and Clinics Provider's Orders**

**ADULT AMBULATORY INFUSION ORDER  
Thyrotropin alfa (THYROGEN)  
Injection**

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ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

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**NURSING ORDERS:**

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes
2. Select one:
  - ☐ Thyrogen injection for Diagnostic Imaging: obtain serum Tg sample 72 hours after second Thyrogen injection.
  - ☐ Thyrogen injection for Thyroid Tissue Remnant Ablation: obtain Tg sample 24 hours after second Thyrogen injection).
3. Do not administer IV

**PRE-MEDICATIONS:**

- methylPREDNISolone sodium succinate (SOLU-MEDROL), 40 mg, intravenous, ONCE, every visit

**MEDICATIONS:**

- Thyrotropin alfa (THYROGEN) injection, 0.9 mg, intramuscular, daily for 2 doses

**HYPERSENSITIVITY MEDICATIONS:**

1. NURSING COMMUNICATION – if hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Policy HC-PAT-133-GUD). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. Diphenhydramine (BENADRYL) injection, 25–50 mg, intravenous, AS NEEDED X 1 dose for hypersensitivity reaction.
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity reaction.
4. Hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity reaction. Dilute vial by either pressing chamber for Act-O-Vial or diluting powder vial with 2 mL SWFI or NS for injection.
5. Famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose, for hypersensitivity reaction.

**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

ADULT AMBULATORY INFUSION ORDER  
**Thyrotropin alfa (THYROGEN)  
Injection**

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ACCOUNT NO.  
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*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.**

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**INFUSION REFERRAL TEAM**

Phone (providers only)  
(971) 262-9645

Fax completed orders to  
(503) 346-8058

Infusion orders located at:  
[www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)

☒ **Please indicate the patient's preferred clinic location below**

|                                                                             |                                                                               |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>BEAVERTON</b><br>OHSU Knight Cancer Institute   | 15700 SW Greystone Court<br>Beaverton OR 97006                                |
| <input type="checkbox"/> <b>NW PORTLAND</b><br>Legacy Good Samaritan campus | Medical Office Building 3 – Suite 150<br>1130 NW 22nd Ave, Portland OR 97210  |
| <input type="checkbox"/> <b>GRESHAM</b><br>Legacy Mount Hood campus         | Medical Office Building 3 – Suite 140<br>24988 SE Stark, Gresham OR 97030     |
| <input type="checkbox"/> <b>TUALATIN</b><br>Legacy Meridian Park campus     | Medical Office Building 2 – Suite 140<br>19260 SW 65th Ave, Tualatin OR 97062 |