



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
<input checked="" type="checkbox"/> THYROTROPIN ALFA 1.1 MG (0.9 MG/ML FINAL CONC.) IM SOLR <i>Give 2 doses total of Thyrogen injection: 1st dose followed by 2nd dose 24 hours later.</i> Dose _____	Route: Intramuscular

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Please remind patient to adhere to a low-iodine diet for a total of 2 weeks until scan.</i>	PRN
<input checked="" type="checkbox"/> Nursing Communication <i>Discontinue therapy plan when treatment is complete.</i>	PRN

---

Provider Signature

Date

Time

Provider's Printed Name:

---

Place Patient Label Here

Page 1 of 1

EHR5043-DT (06/26/2024)

THYROTROPIN ALFA (THYROGEN) THERAPY PLAN