



477 W. Horton Rd.  
 Bellingham, WA 98226  
 Phone (360) 933-4892  
 Fax (360) 933-1197

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

IV Access: \_\_\_\_\_ Height: \_\_\_\_\_

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

### **Octreotide (Sandostatin) Order Form**

Please fax this form, copies of insurance cards, demographics, and supporting clinical documentation to  
**(360) 933-1197** to facilitate an efficient referral. Thank you for choosing Infusion Solutions!

**Diagnoses:**

- |  |               |
|--|---------------|
| <input type="checkbox"/> Acromegaly                                    | ICD-10: E22.0 |
| <input type="checkbox"/> Carcinoid Syndrome                            | ICD-10: E34.0 |
| <input type="checkbox"/> Vasoactive intestinal peptide-secreting tumor | ICD-10: D49.0 |
| <input type="checkbox"/> _____   | ICD-10: _____ |
| <input type="checkbox"/> _____   | ICD-10: _____ |

**Medication Orders:**

- Octreotide \_\_\_\_\_ mcg \_\_\_\_\_ times daily for \_\_\_\_\_ days weeks months  
 Route of administration:  SubQ IV push over 3 minutes IV infusion over 15-30 minutes
- Sandostatin LAR Depot \_\_\_\_\_ mg IM intragluteally every 4 weeks
- Other: \_\_\_\_\_
- ◆ Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.
- ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- ◆ Infusion Reaction Management per Infusion Solutions protocol as needed.

**Nursing Orders:**

- ◆ If no central IV access, RN to insert peripheral IV, rotate site as needed, and remove at end of therapy.
- Other: \_\_\_\_\_  
 \_\_\_\_\_

**Lab Orders:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
 Prescriber Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Name

**KEY:** ◆ Orders are initiated unless crossed out by provider.  Check box to initiate order.