

THYROGEN INJECTIONS WITH THYROID CARCINOMA I-131 WHOLE BODY SCAN PROTOCOL PLAN

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Thyrogen Injection Protocol for Thyroid (Thyrogen Injection Protocol for Thyroid Cancer)

Reference Text

Vital Signs

Routine, Per Policy

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

thyrotropin alfa

0.9 mg, IM, inj, q24h, x 2 dose

Monitor patient for 20 minutes post medication administration.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

