

Columbus Community Hospital

Columbus, Nebraska

**DOCTORS ORDERS**

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

**PLEASE SIGN AND DATE EACH ENTRY**

**PLEASE INDICATE / ALLERGIES**

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS  
(including Medications)**

**Filgrastim-sndz (ZARXIO) (For Stem Cell Mobilization) (8/2024) Page 1 of 2**

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. This order is **ONLY** to be used for mobilization dosing of filgrastim-sndz (G-CSF)

**LABS:**

- CBC with differential, Routine, ONCE, prior to initiation of therapy
- CBC with differential, Routine, ONCE, every \_\_\_\_\_ (visit)(days)(weeks)(months) – Circle One
- Labs already drawn. Date: \_\_\_\_\_

**MEDICATIONS:**

**filgrastim-sndz (ZARXIO), subcutaneous, ONCE**

- 300 mcg
- 480 mcg

**Interval: (must check one)**

- Once daily for 4 days prior to first apheresis appointment
- Once daily for \_\_\_\_\_ days
- Other: \_\_\_\_\_

**HYPERSENSITIVITY:**

1. **NURSING COMMUNICATION** – If hypersensitivity reactions develop, refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
2. Obtain vital signs and continue to monitor vitals every 5 minutes.
3. Notify ordering provider.
4. Continue to assess as grade of severity may progress.
5. Administer emergency medications as directed on the physician's orders.

**HYPERSENSITIVITY MEDICATIONS:**

- **Acetaminophen, 975 mg, PO, x 1 dose, AS NEEDED** for hypersensitivity or infusion reaction.
- **DiphenhydrAMINE inj, 50 mg, IV, AS NEEDED** for hypersensitivity or infusion reaction. May repeat x 1 AS NEEDED per reaction management algorithm.
- **Hydrocortisone Sodium Succinate, 100 mg, IV, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.
- **Famotidine, 20 mg, IV, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.
- **Oxygen, 2 Liters/min** per nasal cannula for hypersensitivity or infusion reaction.
- **0.9% Normal Saline, 1000 mL, IV, 150mL/hr, AS NEEDED** for hypersensitivity or infusion reaction.
- **EPINEPHrine HCl (1mg/1mL), 0.3 mg, IM injection, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction

(cont.)



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PHYSICIANS ORDERS (including Medications)

Filgrastim-sndz (ZARXIO)

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My NPI 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.

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

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