

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)**

Teprotumumab-trbw (TEPEZZA)

(8/2024)

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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. May cause fetal harm when administered to a pregnant woman. Counsel patients on appropriate forms of contraception prior to initiation, during treatment and for 6 months following the last dose.
3. Advise patients of risk of exacerbation of inflammatory bowel disease (IBD). Patients with IBD should be monitored for disease flares. If IBD exacerbation is suspected, consider discontinuation.

LABS:

- HCG Qual Urine, Routine, ONCE, every visit
Do not administer until negative pregnancy evaluation performed for women of childbearing potential.
- BMP, Routine, ONCE, every 12 weeks for 2 treatments.
- Hemoglobin A1C, Routine, ONCE, every 12 weeks, do not need to wait for results prior to infusion.
- Labs already drawn. Date: _____

NURSING ORDERS:

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.
2. If HCG urine test is ordered, please verify that the urine test is negative before starting the TEPEZZA infusion.
3. Hold infusion and contact provider if blood glucose greater than 200 mg/dL prior to 1st and 5th infusions.
4. Contact provider if any concerns of adverse drug reactions.
5. First and second infusion: monitor patient for infusion-related reactions for 30 minutes after completion of TEPEZZA infusion.
6. Obtain vital signs prior to and after TEPEZZA infusion complete, and as needed for infusion related reaction management.

PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)

• **NURSING COMMUNICATION** – In patients who experience an infusion reaction, administer all subsequent infusions at a slower infusion rate.

Note to provider: Please select which medications below, if any, you would like the patient to receive prior to treatment by checking the appropriate box(s)

- acetaminophen (TYLENOL) tablet, 650 mg, oral, ONCE, every visit
- diphenhydrAMINE (BENADRYL) capsule, 25 mg, oral, ONCE, every visit
- loratadine (CLARITIN) tablet, 10 mg oral, ONCE, every visit
- methylprednisolone (SOLU-MEDROL) inj, 125 mg IV, ONCE, every visit
- Other: _____

(cont.)



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MEDICATIONS:

Initial Doses:

First Dose

teprotumumab-trbw (TEPEZZA) 10 mg/kg in sodium chloride 0.9%, intravenous, ONCE, over 90 minutes.

Second Dose (3 weeks after first dose)

teprotumumab-trbw (TEPEZZA) 20 mg/kg in sodium chloride 0.9%, intravenous, ONCE, over 90 minutes.

Maintenance Doses:

Third and Subsequent Doses: (starting 3 weeks after second dose)

teprotumumab-trbw (TEPEZZA) 20 mg/kg in sodium chloride 0.9%, intravenous, ONCE, if no previous reactions, may reduce infusion time to 60 minutes. If previous reactions, infuse over 90 minutes.

Interval:

Every 3 weeks for 6 doses

AS NEEDED MEDICATIONS:

- ondansetron (ZOFTRAN) injection, 4 mg, intravenous, AS NEEDED x1 dose, for nausea/vomiting.
Administer over at least 30 seconds, preferably over 2-5 minutes.
- acetaminophen (TYLENOL) tablet, 650 mg, oral, AS NEEDED x 1 for pain

HYPERSENSITIVITY:

- NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop **STOP THE INFUSION.**
- Obtain vital signs and continue to monitor vitals every 5 minutes.
- Notify ordering provider.
- Refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
- Continue to assess as grade of severity may progress.
- 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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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: _____
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