



METRO INFUSION CENTER

Octreotide Acetate (Sandostatin LAR)

Name: _____

DOB: _____

Diagnosis/Code: _____/_____

Dose calculation:

Flat dose, not a weight-based medication

Laboratory or Other Tests Related to Chemotherapy: Provider to select preference below

- CBC
- CMP
- Thyroid function testing prior to starting therapy

Dosing Guidelines/ Parameters:

Call for excessive diarrhea

Hydration Orders: Not Required

Give _____ NS over _____

Premedication and Antiemetic Orders: Not Required**Medication Orders:**

DRUG	DOSE	ROUTE	DAYS TO BE GIVEN
<input type="checkbox"/> Octreotide Acetate (Sandostatin LAR)	20 mg	IM *	Every 28 days
<input type="checkbox"/> Octreotide Acetate (Sandostatin LAR)	30mg	IM*	Every 28 days
<input type="checkbox"/> Octreotide Acetate (Sandostatin LAR)	40mg	IM*	Every 28 days

*Give in the outer gluteal region with recommended needle size for administration of SANDOSTATIN LAR DEPOT is the 1½" 19-gauge safety injection needle (supplied in the drug product kit). For patients with a greater skin to muscle depth, a size 2" 19-gauge needle (not supplied) may be used

Day 1 = _____ then every 28 days (+/- 2 days)

This order is good for 1 year from the date ordered

Other:**Call referring provider for:**

Other reasons to call:

DATE

Referring
Provider: _____

SIGNATURE REQUIRED

PRINTED NAME REQUIRED

Telephone# _____