MIC	METRO INFUSION CENTER	
Octreotide Acetate (Sandostatin LAR)		

Name:	
DOB:	
Diagnosis/Code:	

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	Dose calculation: Flat dose, not a weight-based medication			
Dosing Guidelines/ Parameters: Call for excessive diarrhea Hydration Orders:	☐ CBC	Provider to select pre	eference below	
Give	Dosing Guidelines/ Parameters:			
DRUG DOSE ROUTE DAYS TO BE GIVEN Octreotide Acetate (Sandostatin LAR) Octreotide Acetate (Sandostatin LAR) Octreotide Acetate (Sandostatin LAR) 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 (ne 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:		r		
DRUG DOSE ROUTE DAYS TO BE GIVEN Octreotide Acetate (Sandostatin LAR) 20 mg IM * Every 28 days Octreotide Acetate (Sandostatin LAR) 30 mg IM* Every 28 days Octreotide Acetate (Sandostatin LAR) 40 mg 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 (nesupplied) 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:	Premedication and Antiemetic Orders: ☐ Not Required	i		
□ Octreotide Acetate (Sandostatin LAR) 20 mg IM * Every 28 days □ Octreotide Acetate (Sandostatin LAR) 30 mg IM * Every 28 days □ Octreotide Acetate (Sandostatin LAR) 40 mg 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 (namplied) 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:	Medication Orders:		I	
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 (ni 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:	DRUG	DOSE	ROUTE	DAYS TO BE GIVEN
Call referring provider for:	☐ Octreotide Acetate (Sandostatin LAR)	20 mg	IM *	Every 28 days
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safety injection needle (supplied in the drug product kit). For patients with a greater skin to muscle depth, a size 2" 19-gauge needle (ne 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:	☐ Octreotide Acetate (Sandostatin LAR)	40mg	IM*	Every 28 days
This order is good for 1 year from the date ordered Other: Call referring provider for:	safety injection needle (supplied in the drug product kit)			
Other: Call referring provider for:	Day 1 = then every 28 days (+/- 2 days)			
Call referring provider for:	This order is good for 1 year from the date ordered			
	Other:			
Other reasons to call:	Call referring provider for:			
Other reasons to call:				
	Other reasons to call:			

DATE	Referring	
	Provider:	Telephone#
	SIGNATURE REQUIRED	PRINTED NAME REQUIRED