

Glucagon (Human Growth Hormone)

SOMC Cancer Center & Infusion

Ph: (740) 356-7490

Fx: (740) 356-7488

Order Form

PATIENT & PRESCRIBER INFORMATION

Patient Name: _____ DOB: _____ Phone: (H) _____ (C) _____

Patient Address: _____

Ht.: _____ Wt.: _____ lbs. kg. Allergies: _____

Prescriber Name/Title: _____ Address: _____

Phone: _____ Fax: _____ Prescriber NPI #: _____

REQUIRED: Most Recent H&P, clinical notes, & medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy

DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

- May substitute mandated or preferred biosimilar as necessary.
- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.

_____ AND _____

Patient diabetic? (Please check one)

Yes or No

Diagnosis

- Hypopituitarism
- Growth Hormone Deficiency

Dose

- Glucagon Injection IM – one-time dose of 1 mg (for patients weighing less than 90kg) and 1.5 mg (for patients weighing greater than 90 kg)

Order(s)

- Obtain point of care glucose initially
- Inform ordering provider when point of care Glucose is >200mg/dL
- Obtain baseline Human Growth Hormone level and follow with Glucagon as ordered above
- Obtain Human Growth Hormone every 30 minutes for the next 4 hours
- Obtain completion point of care glucose if the patient has a diagnosis of diabetes immediately inform the provider if >250mg/dL

PROVIDER:

DATE:

TIME:

SIGNATURE: