

**CAGT- MOZOBIL STEM CELL MOBILIZATION
(DEFAULT PT SUPPLIED)**

version 6/15/2016

Provider Communication

	Interval	Defer Until	Duration
<input type="checkbox"/> Please place procedure, imaging, and referral orders using your preference list. These orders must be placed outside of the therapy plan to be scheduled. Details	Once	S	1 treatment
<input type="checkbox"/> Provider communication The medication is marked as Patient Supplied. Please remove this checkmark if this is NOT supplied by the patient.	Once	S	1 treatment

Mozobil- Nursing & Medication Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Nursing communication: Observe patient for 30 minutes Details	Every visit	S	Until discont'd
<input type="checkbox"/> plerixafor (MOZOBIL) injection 0.24 mg/kg, subcutaneous, every evening, Starting S	Every visit	S	4 treatments