

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. <small>Details</small>	Once	S	1 treatment
<input type="checkbox"/> Provider communication <small>The medication is marked as Patient Supplied. Please remove this checkmark if this is NOT supplied by the patient.</small>	Once	S	1 treatment

Neupogen- Nursing & Medication Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Observe patient for 2 hours after initial dose <small>Details</small>	Every visit	S	Until discont'd
<input type="checkbox"/> Teach patient/family to give injection <small>Details</small>	Every visit	S	Until discont'd
<input type="checkbox"/> filgrastim (NEUPOGEN) injection syringe subcutaneous, once, Starting S, For 1 Doses <small>** DO NOT SUBSTITUTE ** Restricted to BMT use. Do NOT administer on same day as Chemotherapy.</small>	Every visit	S	4 treatments