

Provider Communication

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider communication In order to schedule the patient to an infusion room, please enter a "Referral to IV Infusion Room" or "REF1000" order in the Meds&Orders section. When entering the date of infusion, please allow enough time for the schedulers, reimbursement coordinators and insurance verifiers to get clearance.	Every visit	S	Until discontin't'd

Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Administer 24 hours after chemotherapy Details	Every visit	S	Until discontin't'd

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> pegfilgrastim (NEULASTA) injection 6 mg 6 mg, subcutaneous, once, Starting S, For 1 Doses	Every visit	S	Until discontin't'd
<input type="checkbox"/> pegfilgrastim (NEULASTA) on-body injection kit 6 mg 6 mg, subcutaneous, once, Starting S, For 1 Doses DO NOT SUB. This medication is restricted for OUTPATIENT ONLY. Is this order for an outpatient? Is the patient expected to undergo an MRI, X-Ray, CT Scan, Ultrasound, or radiation in the next 27 hours after the OBI is placed?	Every visit	S	Until discontin't'd