



Fax your completed order to 877-734-1157

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Infusion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Infusion Location: (state and site) \_\_\_\_\_

### Lupron (leuprolide acetate) Infusion Orders

Diagnosis-provide ICD-10 code		
_____ Breast Cancer	_____ Central Precocious Puberty	OTHER: _____
_____ Uterine Fibroids	_____ Prostate Cancer	

**Nursing Orders:**

- Hold infusion for abnormal vital signs
- Pregnancy
- Undiagnosed abnormal uterine bleeding Special

**Information:**

- -Leuprolide acetate 11.25 mg for 3-month administration has different release characteristics than leuprolide acetate 3.75 mg for 1-month administration and is dosed differently. **Do not substitute leuprolide acetate 11.25 mg for leuprolide acetate 3.75 mg**
- -Do not administer leuprolide acetate 11.25 mg more frequently than every 3 months. Do not give a fractional dose of the leuprolide acetate 11.25 mg suspension, as it is not equivalent to the same dose of the leuprolide acetate 3.75 mg monthly formulation [2]

Administer Lupron _____ IM every _____ months
---

- If patient develops bronchospasm, angioedema, hypotension, urticaria or other signs of anaphylaxis, initiate Hypersensitivity Reaction Management Protocol to include administration of epinephrine 0.3 mg IM STAT

**Additional Orders:**

Provider Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Time: \_\_\_\_\_