



Riverbend Medical Center Regional Infusion Center (RIC)
 3377 Riverbend Drive Suite 502/510
 Springfield, Oregon 97477
 Phone 541-222-6280 Fax 541-349-8006

TBO-FILGRASTIM (Granix) Injection (v. 01/09/2024)

Diagnosis/Indication (ICD-10): _____

Weight _____

Medication:

.. TBO-filgrastim 5 mcg/kg subcutaneous daily (Doses calculated to less than 390 mcg should round down to 300 mcg. Doses calculated to greater than or equal to 390 mcg should round up to 480 mcg.) x _____ doses

Nursing communications:

- Vital signs: as needed

Emergency Medications:

- Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic).
 - Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name and DOB _____

Provider printed name: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____