



Riverbend Medical Center Regional Infusion Center (RIC)
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OCTREOTIDE ACETATE (Sandostantin IAR) INJECTION (v. 05/21/2024)

Diagnosis/Indication (ICD-10): _____

Medications:

- .. Octreotide 20 mg IM every 4 weeks x 3 months
- .. Octreotide 30 mg IM every 4 weeks x 3 months
- .. Octreotide 40 mg IM every 4 weeks x 3 months
- .. Octreotide 30 mg IM every 8 weeks x 4 doses, then 30 mg IM every 4 weeks for up to 18 months
- .. Octreotide _____

Nursing communications:

- Vital signs as needed

Emergency Medications:

- n 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 (\geq 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.
- n 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 (\geq 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- n 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.
- n Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- n Emergency medications can be given IM if IV route unavailable

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____