



Patient Name: _____

Date of Birth: _____

PHYO
CMC85046-001NS Rev. 2/2021**Leuprolide Stimulation Test****Baseline Patient Demographics**

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²) NKDA - No Known Drug Allergies Allergies: _____Treatment should begin: as soon as possible (within a week) within the month**ORDERS TO BE COMPLETED FOR EACH THERAPY****ADMIT ORDERS** **Nursing communication**

Test can be done non-fasting

 Height and weight **Vital signs**

Vitals including blood pressure and level of consciousness.

Hypotension Defined Admit **Nursing communication**

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS **Insert peripheral IV / Access IVAD**

Place PIV if needed or access IVAD if available

 lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

 when immediate procedure needed when procedure will take about 1 minute patient / family preference for procedureAdministration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates. **lidocaine - prilocaine (EMLA) cream**

TOPICAL, PRN

 when more than 60 minutes are available before procedure when procedure will take more than 1 hour patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.



Patient Name: _____

Date of Birth: _____

PHYO
CMC85046-001NS Rev. 2/2021**Leuprolide Stimulation Test****ORDERS TO BE COMPLETED FOR EACH THERAPY****NURSING ORDERS, CONTINUED** **lidocaine - tetracaine (SYNERA) patch**

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour
 when anticipated pain is less than 5 mm from skin surface patient / family preference for procedure

 lidocaine with transparent dressing 4% kit

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour
 patient / family preference for procedure

 Heparin flush**heparin flush**

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de - accessing the IVAD.

heparin flush

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de - accessing IVADs.

 Sodium chloride flush**Sodium chloride flush 0.9% injection**

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preservative free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE-PROCEDURE LABS **Luteinizing Hormone**

Unit collect

INTERVAL: Once DEFER UNTIL: _____ DURATION: For 1 treatment

 Follicle Stimulating Hormone

Unit collect

INTERVAL: Once DEFER UNTIL: _____ DURATION: For 1 treatment

 Estradiol

Unit collect

INTERVAL: Once DEFER UNTIL: _____ DURATION: For 1 treatment

 Testosterone

Unit collect

INTERVAL: Once DEFER UNTIL: _____ DURATION: For 1 treatment

 T4 Free

Unit collect

INTERVAL: Once DEFER UNTIL: _____ DURATION: For 1 treatment

 Thyroid Stimulating Hormone

Unit collect

INTERVAL: Once DEFER UNTIL: _____ DURATION: For 1 treatment

 Insulin like growth factor - 1

Unit collect

INTERVAL: Once DEFER UNTIL: _____ DURATION: For 1 treatment

 Insulin like growth factor - BP - 3

Unit collect

INTERVAL: Once DEFER UNTIL: _____ DURATION: For 1 treatment



Patient Name: _____

Date of Birth: _____

PHYO
CMC85046-001NS Rev. 2/2021

Leuprolide Stimulation Test

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE

Vital signs

monitor blood pressure, pulse, and level of consciousness through test.

Physician communication order

Leuprolide dose = 20 mcg / kg. Maximum dose = 500 mcg (0.5 mg). Please enter the dose of leuprolide in 'mcg' to facilitate prior authorization requirements.

leuprolide injection kit

INTERVAL: Once

DEFER UNTIL: _____

DURATION: For 1 treatment

SUBCUTANEOUS, ONCE, starting when released, for 1 dose

Dose: _____

Therapy Appointment Request

Please select department for the therapy appointment request:

Expires in 365 days

- Dallas Special Procedures Plano Infusion Center Dallas Allergy Dallas Transplant Dallas Neurology

Leuprolide is a one time test, schedule appropriate duration for the test.

Patient must be fasting. Test needs to be completed within:

- 1 week 2 weeks 1 month 2 months 3 months _____

If this test cannot be completed within this time frame, please notify the ordering provider.

Luteinizing Hormone

Unit collect draw at hour 1 post leuprolide injection

INTERVAL: Once

DEFER UNTIL: _____

DURATION: For 1 treatment

Luteinizing Hormone

Unit collect draw at hour 2 post leuprolide injection

INTERVAL: Once

DEFER UNTIL: _____

DURATION: For 1 treatment

Luteinizing Hormone

Unit collect draw at hour 3 post leuprolide injection

INTERVAL: Once

DEFER UNTIL: _____

DURATION: For 1 treatment

Follicle Stimulating Hormone

Unit collect draw at hour 1 post leuprolide injection

INTERVAL: Once

DEFER UNTIL: _____

DURATION: For 1 treatment

Follicle Stimulating Hormone

Unit collect draw at hour 2 post leuprolide injection

INTERVAL: Once

DEFER UNTIL: _____

DURATION: For 1 treatment

Follicle Stimulating Hormone

Unit collect draw at hour 3 post leuprolide injection

INTERVAL: Once

DEFER UNTIL: _____

DURATION: For 1 treatment

EMERGENCY MEDICATIONS

Nursing communication

Hives or cutaneous reaction only – no other system involvement

PATIENT IS HAVING A DRUG REACTION:

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. Notify provider for further orders



Patient Name: _____

Date of Birth: _____

PHYO
CMC85046-001NS Rev. 2/2021**Leuprolide Stimulation Test****ORDERS TO BE COMPLETED FOR EACH THERAPY****EMERGENCY MEDICATIONS, CONTINUED**

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

PATIENT IS HAVING ANAPHYLAXIS:

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.

Hypotension is defined as follows:

1 month to 1 year – systolic blood pressure (SBP) less than 70
 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
 11 years to 17 years – systolic blood pressure (SPB) less than 90
 OR any age – systolic blood pressure (SPB) drop more than 30% from baseline.
 Baseline systolic blood pressure x 0.7 = value below defined as hypotension.

EPINEPHrine Injection Orderable For Therapy Plan
 (AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses
 Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

Cardio / Respiratory Monitoring
Rationale for Monitoring: High risk patient (please specify risk)

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate
 Telemetry Required: Yes No

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST-PROCEDURE

Discontinue line / drain / tube

Observe patient for (30 60 90 120) minutes after test and labs are complete, then discontinue PIV and discharge home.



Patient Name: _____

Date of Birth: _____

PHYO
CMC85046-001NS Rev. 2/2021

Leuprolide Stimulation Test

ORDERS TO BE COMPLETED FOR EACH THERAPY

POST-PROCEDURE, CONTINUED

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.
Discontinue PIV prior to discharge on the last day of infusion.

Sodium chloride 0.9% infusion

INTRAVENOUS, at 0 - 25mL / hr, ONCE, for 1 dose.

Nursing communication

Patient needs: estradiol testosterone: levels to be drawn 24 hours after test is completed. Please check with care giver about preferred lab and select the appropriate lab order and release from the therapy plan. This will ensure orders are available.

POST-PROCEDURE OUTPATIENT LAB DRAW AT CHILDREN'S

24 Hour Lab at Children's

Estradiol

Draw estradiol 24 hours after leuprolide test.

Testosterone

Draw testosterone 24 hours after leuprolide test.

POST-PROCEDURE OUTPATIENT LAB DRAW - EXTERNAL

LabCorp

Quest

Other external lab _____

24 Hour Lab

Estradiol

Draw estradiol 24 hours after leuprolide test.

Testosterone

Draw testosterone 24 hours after leuprolide test.

Signature of Provider	(circle one): MD DO	Date	Time
Printed Name of Provider	Credentials		

Key: cm = centimeter; g = gram; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mcg = microgram (1,000 mcg = 1 milligram); mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; NS = normal saline; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; SBP = systolic blood pressure