MIC | METRO INFUSION CENTER

Goserelin® (zoladex)

Name: _____
DOB: _____
Diagnosis/Code: _____/_____

Dose calculation:
Flat dose, not a weight-based medication

Laboratory or Other Tests Related to Chemotherapy:

Dosing Guidelines/ Parameters:

Hydration Orders: Not Required

Premedication and Antiemetic Orders: Not Required
May give lidocaine topical prior to the injection
May give lidocaine 1% _____ml injected intradermally at site of injection prior to goserelin injection.

Medication Orders:

DRUG	DOSE	ROUTE	DAYS TO BE GIVEN
☐ Goserelin® (Zoladex) (Breast cancer)	3.6mg *	SQ implanted spring loaded injection	Every 4 weeks
☐ Goserelin® (Zoladex) (Prostate Cancer)	3.6mg *	SQ implanted spring loaded injection	Every 4 weeks
☐ Goserelin® (Zoladex) (Prostate Cancer)	10.8mg	SQ implanted spring loaded injection	Every 12 weeks
☐			

* See instructions on how to administer in the abdomen only
Day 1 = _____ subsequent doses can be given +/- 2 days

This order is good for 1 year from the date ordered

Other:

Call referring provider for:

Other reasons to call:

DATE	Referring Provider:_____ _____ Telephone#_____
	SIGNATURE REQUIRED PRINTED NAME REQUIRED

Send a referral via fax at 866-507-1164 or email to the bionurses@metroinfusioncenter.com