



# Olanzapine pamoate orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone Number \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_

## DIAGNOSIS *Please provide ICD-10 code*

\_\_\_\_\_ Schizophrenia

\_\_\_\_\_ Bipolar 1 disorder

\_\_\_\_\_ Other

## PRE-MEDICATIONS (optional)

Acetaminophen 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

## Olanzapine pamoate ORDERS

### DOSAGE & FREQUENCY

#### If pt on 10mg PO olanzapine daily

*Initial dose:*

210mg IM every 2 weeks for 4 doses

405mg IM every 4 weeks for 2 doses

*Maintenance dose:*

150mg IM every 2 weeks

300mg IM every 4 weeks.

Other: \_\_\_\_\_

#### If pt on 15mg PO olanzapine daily

*Initial dose:*

300mg IM every 2 weeks for 4 doses

*Maintenance dose*

210mg IM every 2 weeks

405mg IM every 4 weeks.

#### If pt on 20mg PO olanzapine daily

300mg IM every 2 weeks (initial & maintenance)

## ORDERING PROVIDER

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_