

(place patient label here)

Patient

Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_  
Allergies with reaction type: \_\_\_\_\_

**PROTOCOL FOR USE OF Relistor® IN ADULTS**

**Version 3 5/14/2014**

**Patients must meet all of the following:**

- \_\_\_\_\_ Receiving opioid therapy
- \_\_\_\_\_ Constipation is opioid induced
- \_\_\_\_\_ Failed "Protocol for Opioid Induced Constipation in Adults"
- \_\_\_\_\_ No contraindications to Relistor®:
  - Known or suspected mechanical GI obstruction or fecal impaction
- \_\_\_\_\_ Does not have any of the following conditions, which have not been studied with Relistor®:
  - Acute surgical abdomen or a fecal ostomy
  - Peritoneal catheter for intraperitoneal chemotherapy or dialysis
  - Clinically active diverticular disease
  - Severe hepatic impairment (Child Pugh Class C) or end-stage renal failure requiring dialysis

\*If above criteria are not met, refer to "Protocol for Opioid Induced Constipation in Adults".

If above criteria met:

- \_\_\_\_\_ Relistor subcutaneously x 1 per following weight based dosing
  - Patient weight 38-61kg – 8mg subq x 1
  - Patient weight 62-114kg – 12mg subq x 1
  - Patient weight greater than 114kg – 0.15mg/kg subq x 1
  - CrCl < 30ml/min – Administer 50% of dose subq x 1

\_\_\_\_\_ D/C previous bowel regimen and start Senna-S 4 tablets po bid, hold for loose stool

**\*\* Patients must repeat and fail "Protocol for Opioid Induced Constipation in Adults" prior to each subsequent dose of Relistor®**

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_