

Prototype for Adult and Pediatric Medical Orders During a Radiation Incident

Version 1/6/2016

Cautions

- Authored by [REMM](#) and [RITN](#) physicians, this set of orders is a prototype only.
 - **Orders must be customized for each patient and incident.**
 - Specific drugs are suggested for function only. Patients may not need any/every category of drug listed.
 - No HHS, CDC, FDA, or other US government entity endorsement of specific drugs or drug doses is intended or implied by inclusion in this order set.
 - Consult the notes at the end of this document for additional, key information.
-

Internal contamination (decorporation treatments)

- This **Adult and Pediatric Orders Prototype** lists only FDA-approved medications as radioisotope countermeasures.
 - Some, but not all of these drugs are currently in the [Strategic National Stockpile](#).
 - Prescribers should consult the FDA drug label for complete prescribing information.
 - Decorporation drugs should be used in children with great caution.
 - The online version of REMM has additional recommendations about [additional countermeasure drugs that may be considered](#).
 - This prototype does **not** address threshold levels of [internal contamination](#) that would trigger initiation, continuation, or discontinuation of decorporation treatment. See [REMM Countermeasures Caution and Comment](#), which discusses this issue.
-

Drug dosages

- All adult drug doses in this prototype are based on a 70 kg adult with normal renal and hepatic function.
 - Appropriate dose adjustments should be made based on age, weight, drug-drug interactions, nutritional status, renal, and hepatic function.
 - All pediatric drug doses should be prescribed as appropriate for age, weight, and any clinical issues, including allergies.
-

- After a mass casualty incident, practitioners may encounter counterfeit drugs. This [FDA website](#) will provide information on avoiding and detecting counterfeit drugs and assist with reporting of suspected counterfeit medications.
- If this order set, **Version date 1/6/2016**, has been printed for use offline, consult the online version of REMM to see if updates are available.
<http://www.remm.nlm.gov/adultorderform.htm>

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1. Administrative information

Name: _____

Unique Identifier: _____

Address: _____

Phone: _____

Spoken language: _____

Unaccompanied minor: _____

Next of kin contact information: _____

Special needs: _____

2. Admit to:

___ Hospital ward _____ Area _____

___ Team: _____ ICU _____

___ Physician: _____ Other _____

3. Diagnoses

Acute Non-radiation Related Admission Diagnoses:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

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Acute Radiation-related Admission Diagnoses

a. **Radiation contamination?** Yes_____ No_____

See REMM [Body Chart](#) (page 18) to record whole body radiation survey.

___ External contamination with Isotope (Specify or unknown) _____

___ Internal contamination with Isotope (Specify or unknown) _____

___ Contamination suspected, Isotope uncertain

b. **Radiation Exposure / Acute Radiation Syndrome (ARS)?**

Yes_____ No_____

- Estimated whole body dose from exposure _____(units of gray)
- See also **Item #23** for additional details

Other potential complicating factors

___ Mass casualty incident

___ Other, Specify _____

Specific populations potentially requiring more customized management?

Yes_____ No_____

___ Infant (< 1 y)

___ Child (1-16 y)

___ Age > 65 y

___ Pregnant/Possibly pregnant

___ Immunosuppressed

___ Other, Specify _____

- See REMM page about [At-Risk/Special Needs Populations](#)

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4. Precautions:

Infectious

- Contact
- Droplet
- Airborne
- Reverse Isolation/Neutropenic

Radiation precautions

- For persons with known or suspected [external or internal contamination](#).
- Persons with [exposure](#) but NO [contamination](#) are NOT radioactive. Patients with exposure only do not need Radiation Precautions.

- Precautions:** Single room, gown, mask, cap, boots, and gloves
- Use medical facility procedures for discarding all biological/physical/radioactive waste, including linens/towels/trash/personal protective equipment.
- Contact Radiation Safety Officer for additional instructions.
Phone: _____ Page: _____
- Place Radiation Safety Sign on door if patient has internal or external radioactive contamination
- Notify pregnant staff that entry to room is prohibited if patient is/may be contaminated.
- Everyone entering room/area of contaminated patient must wear personal radiation dosimeter assigned by Radiation Safety.
- Use medical facility procedures for disposal of **radiation** waste, including linens/towels/trash/personal protective equipment.

• **See guidance**

- [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) Healthcare Infection Control Practices Advisory Committee (HHS/CDC)
- [Components of a Protective Environment](#) (HHS/CDC)

5. Urgent consultations: specify

- Pediatric Hematology/Oncology
- Adult Hematology / Oncology
- Hematopoietic Stem Cell Transplantation
- Mental Health / Psychiatry
- Ophthalmology
- Dermatology / Plastic Surgery
- Radiation Safety
- Other _____
- Transfusion Medicine
- Radiation Oncology
- Endocrinology
- Pain Service
- Gastroenterology
- Burn Therapy

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6. Condition:

Good Fair Stable Guarded Critical

7. Vital Signs:

q 2 hours X 4 Ward routine
 q 4 hours X 4

Notify physician for:

| | |
|--|--------------------|
| Temperature _____ > 38 °C | _____ Other: _____ |
| SBP: _____ > 180, < 100 | _____ Other: _____ |
| DBP: _____ > 100 < 50 | _____ Other: _____ |
| HR: _____ > 100 < 50 | _____ Other: _____ |
| RR: _____ > 30 < 8 | _____ Other: _____ |
| O ₂ saturation: _____ < 92% | _____ Other: _____ |

8. Allergies:

No Known Drug Allergies (NKDA)
 Allergies (drugs, foods)
If yes, specify: _____

9. Activity:

Bed rest Bathroom privileges
 Out of bed every _____ hrs. Ambulate as tolerated
 Confine to room

10. Diet:

Regular Diet Liquids (full, clear) NPO
 Advance as tolerated
 Neutropenic diet
 Special dietary needs/requests: _____

11. Height, weight:

Height: _____ feet _____ inches or _____ cm

Weight: _____ lbs. _____ oz. or _____ Kg

Repeat body weight:

q _____ hours q _____ days

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12. Age:

Months (if < 3 years) _____ Years _____

13. IV fluid management:

___ IV Fluids: _____ @ _____ cc/hr, with additive _____

___ IV Fluids: _____ @ _____ cc/hr, with additive _____

14. ___ Foley catheter management (specify) _____

___ Use radiation precautions for urine and feces for patients with internal radiation contamination.

15. ___ Monitor I / O

Frequency _____

___ Use radiation precautions for urine and feces for patients with internal radiation contamination.

16. Deep Venous Thrombosis (DVT) prophylaxis¹:

___ TED hose to Bilateral Lower-Extremities

___ Sequential Compression Devices (SCD)

___ Anticoagulation regimen _____

___ Other

Note: The potential benefit of anticoagulation (e.g. **heparin**) should be balanced against the risk of excessive bleeding in patients with severe thrombocytopenia or significant gastrointestinal toxicity.

17. Respiratory Therapy:

___ Use radiation precautions for personnel, equipment, and waste if patient has internal radiation contamination.

___ Room air ___ Chest tube care (Specify) _____

___ Titrate oxygen supplementation for Oxygen saturation > _____%

___ Nebulizer treatment (Specify) _____

18. Wound care: (see also item 25)

___ Decontaminate external wounds if there is external contamination.
See REMM [contaminated wound](#) care recommendations.

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- Sterile dressing to wounds daily
- Monitor waste
 - Use medical facility procedures for discarding biological/**radioactive**/physical waste and linens/towels/trash/personal protective equipment.
- Radiation precautions** (needed if patient has radiation contamination)
- Silvadene (Silver Sulfadiazine)** cream topically to burns
- Bacitracin** topically to burns
- Other wound management per Burn team/Dermatology/Surgery:
Pager _____ Phone _____

19. Orthopedic care:

- Splint/brace/cast
- Other orthopedic management procedure per orthopedics:
Pager _____ Phone _____

20. Admission studies: Labs, Imaging

Labs

- CBC w/differential
- Comprehensive Metabolic Panel (CMP) / Chem 14
- Cardiac enzymes
- PT / PTT
- Urinalysis
- Urine culture
- Blood culture
- Urine HCG
- Serum HCG
- Thyroid Function Tests (Specify) _____

Serologies:

- Herpes Simplex Virus type 1 (HSV-1)
- Herpes Simplex Virus type 2 (HSV-2)
- Cytomegalovirus (CMV)
- Varicella-zoster virus (VZV)

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Imaging

Chest x-ray PA/Lateral Portable

Other imaging studies Specify: _____

21. Standing labs / studies

CBC w/diff q ____ hours, x ____ days,
Followed by q ____ until further orders

Comprehensive Metabolic Panel (CMP) / Chem 14
Followed by q ____ hours, x ____ days
Followed by q ____ until further orders

22. Electrocardiogram

Electrocardiogram

STAT Electrocardiogram for chest pain, notify physician

23. Radiation Dose Assessment

A. Biodosimetry and Bioassay assays

- [Difference between Biodosimetry and Bioassay](#)
- [Define biodosimetry](#)
- [More about biodosimetry](#)
- [Dicentric chromosome assay](#)

B. Biodosimetry assays for [radiation exposure](#)

- See REMM information on
 - [Dose Estimator for Exposure: 3 biodosimetry tools](#)
 - [Dose Reconstruction](#)
- **Estimated whole body dose from exposure:** _____ (Gray)
 - Using which tool(s) _____
e.g., vomiting, lymphocyte depletion kinetics, dicentric chromosome assay
Note: if different assays give different results
- METREPOL Scores: Heme____ GI____ Neuro____ Cutaneous____
- Response Category (RC score) _____
[Explain METREPOL](#)
[Consider Response Category in clinical triage](#) (Interactive tool for ARS)
- Date of exposure: _____
- Time of exposure: _____
- Location of patient at time of exposure: _____
- Estimated whole body/partial body dose, specify _____ (dose)
- Dose unknown: _____

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Dicentric Chromosome Assay Instructions:

- Draw extra green top tube and provide: date _____ time _____
- See REMM for location of approved US [laboratories that perform this test](#).
- Send this tube **ON ICE** for outside lab study
 - To the attention of: _____
 - Name of lab: _____
 - Address of lab: _____

C. [Radiation bioassay for evaluating/managing internal decontamination](#)

- Collect \geq 70 mL Spot urine for _____ (name of radioactive isotope)
- [Directions for sample collection, labeling, packaging and shipping bioassay specimen to CDC bioassay lab. http://www.bt.cdc.gov/radiation/labinfo.asp](#)

Note: Consult senior radiation event medical managers for name and location of other laboratories that may be available to perform this test in a mass casualty incident. Routine labs generally cannot perform this test.

24. Blood bank

___ Type and cross match

___ Type and screen

For ___ units of packed red blood cells

For ___ units of platelets

Note:

- Use only leukoreduced AND irradiated products, if available, unless it is known with certainty that the patient was exposed to a low dose of radiation, e.g. less than 100 cGy.
- If radiation whole body dose is not known with certainty, leukoreduced AND irradiated products are preferred, if available.
- See [REMM blood use page](#) for additional information.

25. General Medications:

- Suggested dose ranges for **pediatric patients (PEDS)** are included for some but not all drugs.
- Drug names are generally listed as follows **Generic (Brand)** names
- Some drugs with **bold blue font** have [DailyMed](#) hyperlinks with additional information.

For gastric acid suppression:

___ **Lansoprazole (Prevacid)** 15-30 mg PO daily
PEDS: 1 mg/kg, max 30 mg/dose.
Dose: _____

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For radiation-induced nausea & vomiting:

- ___ **Ondansetron (Zofran)** 4 mg IV q 8h PRN nausea/emesis
PEDS: 0.15 mg/kg, max 8 mg, IV/PO Q 8hrs PRN.
Dose: _____

- ___ **Lorazepam (Ativan)** 0.5 mg – 1 mg PO q 6-8h PRN
anxiety/insomnia/breakthrough nausea
PEDS: 0.03 mg/kg IV/PO q 6 hrs PRN.
Dose: _____

- ___ **Prochlorperazine** 10 mg PO/IM/IV q 6-8h PRN
anxiety/insomnia/breakthrough nausea

See [REMM bibliography on treatment of nausea and vomiting](#)

For fever:

- ___ **Acetaminophen** 650 mg PO q 6 – 8h PRN temperature > 38 °C
PEDS: 15 mg/kg, max 650 mg PO Q 6 hrs PRN. (**Tylenol**)
Dose: _____

For diarrhea:

- ___ **Loperamide hydrochloride (Imodium)**:
 - Recommended initial dose is 4 mg (2 capsules) followed by 2 mg (1 capsule) after each unformed stool.
 - Daily dose should not exceed 16 mg (8 capsules)

For rash:

- ___ Topical sterile dressing
- ___ **Diphenhydramine hydrochloride (Benadryl)** 25-50 mg PO q 4-6 hours
for pruritis, not to exceed 300 mg/24 hours
PEDS: 1 mg/kg, max 50 mg IV/PO Q 6 hrs PRN.
Dose _____

For pain:

- ___ **Morphine sulphate** _____ mg _____ route _____ frequency
PEDS: 0.05-0.1 mg/kg IV Q 2 hrs PRN; 0.2-0.5 mg/kg PO Q 4 hrs PRN.
Dose _____

For skin burns: (see also item 18: wound care)

Burn topical regimen _____

Replace body fluid _____

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Other burn therapy _____

For oral mucositis:

Mouth care regimen _____

26. Radioisotope decorporation or blocking agents:

- **Note: Only FDA approved radiation countermeasures are listed in table below.**
- **See [REMM Radiation Countermeasures for Treatment of Internal Contamination](#) table for longer list of countermeasures which have been recommended by some experts but are not FDA approved as radiation countermeasures.**

| Medical Countermeasure | Administered for | Route of Administration | Dosage | Duration |
|--|--|--|---|---|
| Ca-DTPA^{1,3} Zn-DTPA^{1,3} See REMM's DTPA information. See FDA's Zn-DTPA drug label. See FDA's Ca-DTPA drug label. | Americium (Am-241) ¹ Californium (Cf-252) ² Cobalt (Co-60) ² Curium (Cm-244) ¹ Plutonium (Pu-238 and Pu-239) ¹ Yttrium (Y-90) ² | IV¹: Give once daily as a bolus or as a single infusion, i.e., do not fractionate the dose. DTPA is FDA-approved for intravenous Rx of known or suspected internal contamination with Am, Cm, and Pu only. Nebulized inhalation¹: DTPA is FDA-approved for nebulized inhalation in adults only, and if the route of contamination is through inhalation. | IV: 1 g in 5 cc 5% dextrose in water (D5W) or 0.9% sodium chloride (normal saline, NS) slow IV push over 3-4 minutes OR 1 g in 100-250 cc D5W or NS as an infusion over 30 minutes PEDS: <12 years old: 14mg/kg IV qd, no more than 1g/day Nebulized inhalation: 1 g in 1:1 dilution with sterile water or NS over 15-20 min | <ul style="list-style-type: none"> • Ca-DTPA for the first dose • Give Zn-DTPA for any follow-up doses (i.e., maintenance as indicated) • Duration of therapy depends on total body burden and response to treatment |

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| Medical Countermeasure | Administered for | Route of Administration | Dosage | Duration |
|--|---|-------------------------|--|---|
| | | | PEDS: nebulized dosing same as adults | |
| <p>Potassium iodide¹</p> <p>See REMM's KI summary information.</p> <p>See FDA's KI information.</p> | Iodine (I-131) | PO | <p>Adults >40 years: 130 mg/day (for projected thyroid dose ≥500 cGy)</p> <p>Adults 18-40 years: 130 mg/day (for projected thyroid dose ≥ 10 cGy)</p> <p>Pregnant or lactating women of any age: 130 mg/day (for projected thyroid dose ≥ 5 cGy)</p> <p>PEDS: 3-18 yrs: 65 mg/d 1 month –3 yrs: 32.5 mg/d Birth-1 month: 16 mg/d</p> | <ul style="list-style-type: none"> • Some incident will require only a single dose of KI. • Incident managers may recommend additional doses if ongoing radioactive iodine ingestion or inhalation represents a continuing threat. • See also: Potassium Iodide (KI): Duration of Therapy. |
| <p>Prussian blue, insoluble¹</p> <p>See REMM's Prussian Blue summary information.</p> <p>See FDA's Prussian Blue drug label.</p> | <p>Cesium (Cs-137)</p> <p>Thallium (TI-201)</p> | PO | <p>Adults: 3 g PO tid (see FDA package insert)</p> <p>OR</p> <p>1 - 3 g PO tid with 100-200 mL water, up to 10-12 g/day (based on Goiânia accident)</p> | <ul style="list-style-type: none"> • Minimum 30 days course per FDA • Obtain bioassay and whole body counting to assess treatment of efficacy • Duration of therapy depends on |

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| Medical Countermeasure | Administered for | Route of Administration | Dosage | Duration |
|------------------------|------------------|-------------------------|---|---|
| | | | data) PEDS: > 12 yrs: 1 – 3 g po TID; 2-12 yrs: 1 gm TID | total body burden and response to treatment |

27. Neutropenia therapy, if indicated:

Neutropenia definition:

a total count of neutrophils + bands in the peripheral blood <1,000 / μ L

- The 2 drugs listed below have been approved by the FDA for the indication of acute exposure to myelosuppressive doses of radiation
- See [REMM cytokines page](#) for much more detailed information, especially potential need for [dose alterations during large mass casualty incidents when medical countermeasures may be scarce](#).

Myeloid cytokines approved by the FDA for the indication of acute exposure to myelosuppressive doses of radiation

| Cytokine | Adult dose |
|---|--|
| G-CSF or filgrastim (Neupogen ® drug label) | <ul style="list-style-type: none"> • 10 mcg/kg/day as a single daily subcutaneous injection in adults and children • Continue administration daily until absolute neutrophil count remains greater than 1,000/mm³ (= 1.0 x 10⁹ cells/L) for 3 consecutive (daily) CBCs or exceeds 10,000/mm³ (= 10 x 10⁹ cells/L) after a radiation-induced nadir. • See REMM cytokines page for more information about potential dose alterations during large mass casualty incidents when medical countermeasures may be scarce. |
| Pegylated G-CSF or pegfilgrastim (Neulasta ® drug label) | <ul style="list-style-type: none"> • Adults: two doses, 6 mg each, administered subcutaneously one week apart. • Pediatric patients weighing less than 45 kg: refer to table in Neulasta drug label⁴ (on page 17 of this PDF document) for dose calculated by weight. Administer two doses of drug subcutaneously one week apart. • A CBC should be obtained prior to administration of the second dose of Neulasta®. Subject matter experts recommend not administering the second dose if absolute neutrophil count is greater than 5,000/mm³ (= 5.0 x 10⁹ cells/L). |

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| | |
|--|--|
| | <ul style="list-style-type: none">• See REMM cytokines page for more information about potential dose alterations during large mass casualty incidents when medical countermeasures may be scarce. |
|--|--|

See Clinical Practice Guidelines for Myeloid Cytokines

- Smith TJ, Bohlke K, Lyman GH, Carson KR, Crawford J, Cross SJ, Goldberg JM, Khatcheressian JL, Leighl NB, Perkins CL, Somlo G, Wade JL, Wozniak AJ, Armitage JO. [Recommendations for the Use of WBC Growth Factors: American Society of Clinical Oncology Clinical Practice Guideline Update](#). (2015 ASCO guideline) J Clin Oncol. 2015 Oct 1; 33(28):3199-212. [PubMed Citation] (This 2015 ASCO guideline updates the [2006 myeloid cytokine guideline](#))
 - [NCCN Clinical Practice Guidelines in Oncology, Myeloid Growth Factors, Version 1.2015](#). See section entitled "NCCN Guidelines for Supportive Care" > "Myeloid Growth Factors". (Registration required.)
 - Dainiak N, Gent RN, et al. [First Global Consensus for Evidence-Based Management of the Hematopoietic Syndrome Resulting From Exposure to Ionizing Radiation](#). Disaster Med Public Health Prep. 2011 Oct;5(3):202-212. [PubMed Citation] ([Full text](#))
-

For Antimicrobial prophylaxis with neutropenia:

- For patients with neutropenia who have NOT HAD NEUTROPENIC FEVER.
- Use as appropriate for each patient.
- Drugs listed are examples only.

Anti-bacterial prophylaxis:

___ **Levofloxacin (Levaquin)** 500 mg PO/IV daily
PEDS: 16 mg/kg/day divided q12H NOT TO EXCEED ADULT DOSE
Dose: _____

Anti-viral prophylaxis (neutropenia without fever)

___ **Acyclovir (Zovirax)** 400 mg PO q12h, or
___ **Acyclovir (Zovirax)** 250 mg/m² IV q12h
PEDS: 250 mg/m² IV bid or 10 mg/kg IV bid
Dose: _____

Anti-fungal prophylaxis (neutropenia without fever)

___ **Fluconazole (Diflucan)** 400 mg PO/IV daily – beginning when absolute neutrophil Count (ANC) becomes < 1000
PEDS: 5 mg/kg PO/IV daily, max 400 mg daily
Dose: _____

or

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NOTES

1. FDA approved for this indication
2. This drug is not approved by the FDA for this indication. If used, this would be an "off label use", and physician discretion is strongly advised.
3. Ca-DTPA and Zn-DTPA have not been approved by FDA for treating internal contamination with californium, thorium, and yttrium. For initial treatment, Ca-DTPA is recommended, if available, within the first 24 hours after internal contamination. Zn-DTPA is preferred for maintenance after the first 24 hours, if available, due to safety concerns associated with prolonged use of Ca-DTPA.

**4. Neulasta: Weight-based Dosing for Pediatric Patients
Weighing Less than 45 kg (from drug label dated 11/2015)**

| Body Weight | Neulasta Dose | Volume to Administer |
|--------------------|----------------------|-----------------------------|
| Less than 10 kg* | See below* | See below* |
| 10 - 12 kg | 1.5 mg | 0.15 mL |
| 21 - 30 kg | 2.5 mg | 0.25 mL |
| 31 - 44 kg | 4 mg | 0.40 mL |

* For pediatric patients weighing less than 10 kg, administer 0.1 mg/kg (0.01 mL/kg) of Neulasta.

See [drug label information](#) regarding how to administer drug for pediatric patients receiving doses less than 6 mg.

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Body Chart for Recording Results of Radiation Survey

