NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Desmopressin (DDAVP) Order Form—J2597

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

Desmopressin IV dosing:

◯ 0.3 mcg/kg IV x 1 dose. Dose equal to _____ mcg

maximum dose: 20 mcg/dose for von Willebrand disease and 20-30 mcg/dose for hemophilia A

Orders valid through: _____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name | Provider Signature

Date | Phone | Fax | Pager