

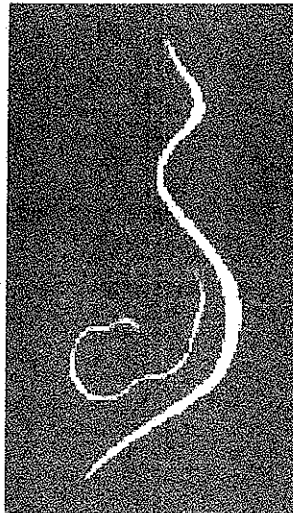
Sher Institute for Reproductive Medicine Dallas

Phone: (972) 566-6686

Fax: (972) 566-6670

Medication Instructions

SHER
INSTITUTE



FOR
REPRODUCTIVE
MEDICINE

Medication Administration Guidelines

Remember:

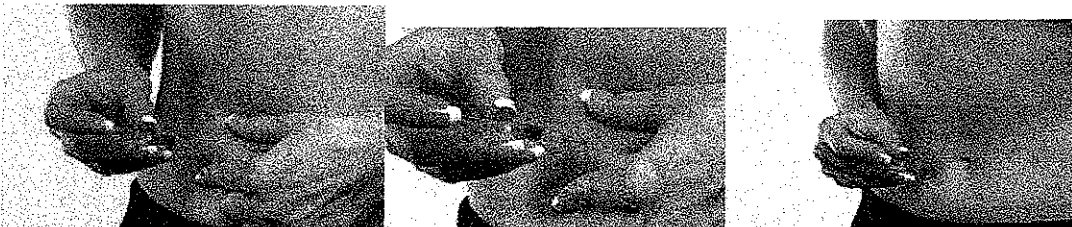
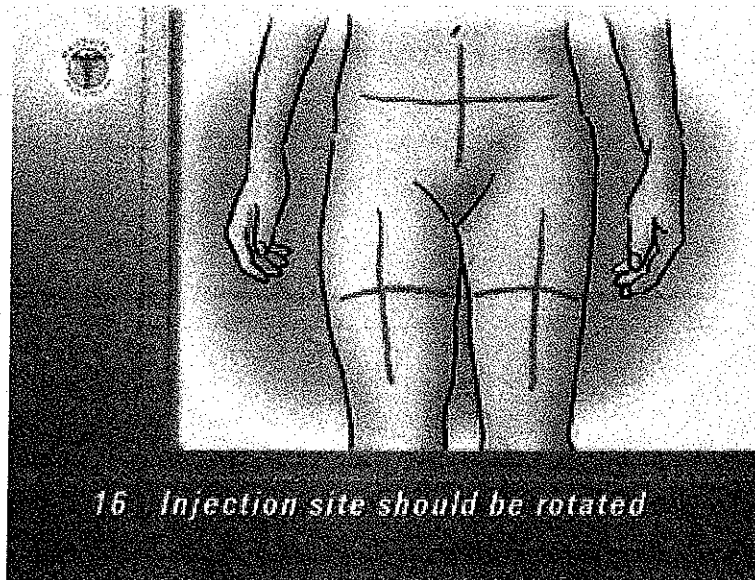
- ML = CC
- Needles are sterile. Do not touch them before using them to inject and only use them ONCE.
- Rotate injection sites from one side of the abdomen to the other and/or from left thigh to right thigh.
- Read all of the medication labels BEFORE taking a medication to ensure that you are taking the correct medication and the correct dose.
- It is not uncommon to have a local reaction at the injection site: bleeding, raised red site, and/or bruising.
- Report all medication errors and/or unusual reactions to your nurse coordinator!
- When in doubt, please call the office and get clarification. There is always a nurse on-call. DO NOT GUESS!

Preparation before giving an injection

1. If your medication is refrigerated, remove the vials from the refrigerator 30 minutes before administration so it can reach room temperature.
2. Select a clean, dry work area.
3. Gather your supplies:
 - Medication
 - Sterile water (if needed)
 - Sterile disposable needles and syringes
 - Alcohol pads and cotton balls
 - Sharps container or puncture-proof disposal container
 - Band-aids
4. Mentally review the administration process before beginning.
5. Wash your hands well before preparing your medication.

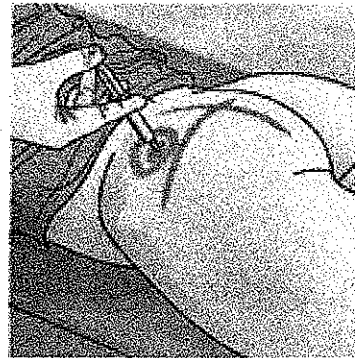
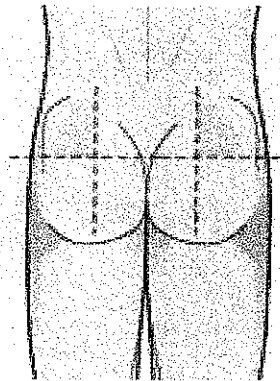
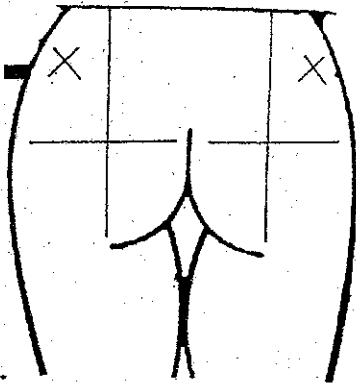
SUBCUTANEOUS (SQ) INJECTIONS

- Given in lower abdomen or upper thigh
- Cleanse injection site with alcohol and allow to air dry
- Gently pinch up the skin using your thumb and index finger
- Inject the needle into the skin using a dart like motion at a 90 degree angle
- Depress the plunger to inject the medication
- Discard the used syringe and needle into the red biohazard container
- See example below



INTRAMUSCULAR (IM) INJECTIONS

- Given in upper outer quadrant of the buttock
- Cleanse injection site with alcohol and allow to air dry
- Stretch the skin between your thumb and index finger
- Inject the needle into the skin (up to the hub) using a dart like motion at a 90 degree angle
- Remove hand from buttock and use that hand to pull back slightly on the plunger of the syringe to check placement
- If there is no blood or a tinge of pink it is okay to inject the medication
- If there is a **SMALL** amount of blood in the syringe, remove the syringe and the needle, change the needle and follow the instructions to inject at another site
- If there is a **LARGE** amount of blood in the syringe then discard the syringe and needle and start again
- Discard the used syringe and needle into the red biohazard container
- See example below



Birth Control Pills

- Call your nurse coordinator on day 1 of your period for permission to begin taking medication
- Take pills around the same time everyday
- Only take the active pills – the first three rows of the pill packet. If the pack has a 4th row, the last 7 pills are placebos “sugar” pills and need to be skipped. You will open a new pack of pills and continue taking active pills until the cycle calendar indicates to stop.
- Stop taking BCPs when the calendar indicates to stop – no matter where you are in the pack
- This is to regulate your menstrual cycle and prepare your body for correct timing of other medications
- You may or may not get a period after taking your last BCP. The bleeding may be heavy like a period, spotting, or no bleeding at all. All scenarios are normal.
- If you experience some spotting or bleeding while on the pill, do not worry, please continue taking active pills only.
- May cause nausea, breast tenderness, moodiness

Dexamethasone

- Dose: 0.75mg tablet daily
- Take in the mornings – may cause insomnia
- This is a small dose of steroid to decrease inflammation and reduce the inflammatory response of the body to foreign bodies (your embryo)

Lupron = Leuprolide Acetate

- This is a multi-dose vial
- Refrigerate once opened
- Take in the mornings around the same time each day
- May cause headaches, Tylenol is okay to take if this occurs
- Swab the rubber top of the vial with an alcohol swab
- Use the insulin syringe provided in the box of the Lupron kit
- Extra syringes will also be ordered
- The needle is connected to the syringe in one unit, so if the needle is bent or contaminated discard and get a new syringe

- Pull back on the plunger of the syringe to the amount of units you are going to withdraw to instill air in the syringe
- Insert needle/syringe in the center of the rubber stopper and expel the air into the bottle
- Invert the bottle and withdraw the required dose in units
- Remove syringe from vial and remove air bubbles from syringe by tapping on the syringe and expelling the air
- Inject subcutaneously by following SQ injection instructions

Cetrotide

Half dose 125mcgs

Full dose 250mcg

- 0.25mg vial is to be split into 2 doses
- Refrigerate once opened
- Take in the mornings around the same time each day
- Open a 1cc syringe and attach an 18 gauge 1 ½ inch needle
- Swab the rubber top of the vial with an alcohol swab
- Inject pre-filled syringe of diluent into vial, remove from vial then discard
- Insert 1cc syringe into rubber top of vial
- Withdraw all of the medication out of the vial
- Change the needle to a 27 or 30 gauge ½ inch needle and expel air from syringe
- Inject **half the dose** in the syringe subcutaneously (follow SQ instructions) if your calendar says 125mcg
- Discard needle and apply a new 27 or 30 gauge ½ inch needle to the 1cc syringe and refrigerate remaining medication for next days dose
- Inject **whole dose** in the syringe subcutaneously (follow SQ instructions) if your calendar says 250mcg

Ganirelix

Half dose – already split from pharmacy

- If your medication already comes divided into 125 mcg pre-filled syringes, if no needle is attached then just attach a 27 or 30 gauge ½ inch needle and inject subcutaneously.
- Take in the mornings around the same time each day

Half dose – you are splitting at home

- Take out pre-filled syringe
- Expel air out of syringe
- Inject ½ of the syringe subcutaneously (do your best to estimate half of the medication)
- Put the other ½ into the fridge to use the next day.
- Take in the mornings around the same time each day

The following is for 250mcg doses:

- Inject the entire contents of one prefilled syringe subcutaneously
- Take in the mornings around the same time each day
- Usually you will not see this on your calendar – it starts after monitoring

E2V = Estradiol Valerate = Delestrogen

Concentration should be 20mg/ml in a 5ml Vial. If you have a different concentration than this, contact your nurse coordinator for instructions.

4mg = 0.2ml

6mg = 0.3ml

8mg = 0.4ml

- Take in the evenings on Tuesday and Friday or as instructed
- Remove the metal cap from the vial
- Swab the rubber stopper of the vial with an alcohol swab
- Open a 1cc syringe and attach a 18 gauge 1 ½ inch needle
- Pull back on the plunger of the syringe to the amount medication you are going to withdraw to instill air in the syringe

- Insert needle/syringe in the center of the rubber stopper and expel the air into the bottle
- Invert the bottle and withdraw the required dose
- Remove syringe from vial and remove air bubbles from syringe by tapping on the syringe and expelling the air
- Change needle to 22 gauge 1 ½ inch needle
- Inject intramuscularly by following the IM injection instructions
- *Dose may vary during cycle depending upon lab work*

Follistim

- Pre-filled AQ Cartridges: 300IU, 600IU, or 900IU
- Refrigerate this medication
- Take in the evenings: between 5-9pm around the same time every day
- Remove the cap from the Follistim pen, unscrew the yellow cartridge holder from the base
- Clean top of Follistim cartridge with alcohol swab, insert Follistim cartridge metal rim first into yellow cartridge holder. The black rod must press against the rubber piston on the cartridge and screw on base
- Dial the required dose
- Maximum dose that can be injected at one time is 450IU
- Each cartridge has extra medication in it (overfill) so there will be some left in the cartridge after using the whole amount
- Clean the top of the Follistim pen with alcohol and apply needle
- Remove outer cap on needle and tap Follistim pen with finger so a drop of medication appears at the tip of the needle
- Inject subcutaneously following SQ instructions
- Depress on the end of the pen until plunger is flat against the pen
- Wait for 3 to 5 seconds before removing the needle from your skin so that all the medication is injected and absorbed
- Remove the needle off the top of pen and dispose of appropriately
- Refrigerate the remainder of the medication

Gonal-F

- If opening a brand new pen, you do not need to prime the pen
- Take in the evenings: between 5-9pm around the same time every day
- Refrigerate this medication

- Remove the pen cap and wipe threaded tip with alcohol swab
- Remove peel tab from outer needle cap
- Press threaded tip of pen into open end of outer needle cap
- Turn dosage dial so that your prescribed dose is lined up with the black dose arrow before proceeding
- If the dialed dose is too high or too low, reset before pulling the injection button
- The maximum amount you can inject at one time is 450IU
- Load the dose by pulling out the injection button as far as it will go
- Confirm correct dose by looking at the red dosage confirmation scale – the last visible flat red arrow indicates the loaded dose (if the loaded dose is lower than set dose, there is not enough medication to complete the dose – use a new Gonal-F pen to finish the dose)
- Inject subcutaneously following SQ instructions
- Depress on the end of the pen until “clicking” stops
- Wait for 3 to 5 seconds before removing the needle from your skin so that all the medication is injected and absorbed
- Remove the needle off the top of pen and dispose of appropriately
- Refrigerate the remainder of the medication

Menopur, Repronex, or Bravelle (75IU vial)

- Take in the evenings: between 5-9pm at the same time every day
- Remove cap from the medication vials
- Open a 3cc syringe attach 18 gauge 1 ½ inch needle or use the Q-cap
- The Q-cap attaches onto the end of the syringe in place of the needle
- Instill 1cc of air in the syringe
- Inject air into vial of diluent
- Withdraw 1cc of diluent (throw away the rest of the diluent)
- Inject 1cc diluent into vial of powder medication and mix
- Withdraw ALL of the medication from the vial
- Change needle to 27 gauge ½ inch needle and expel air from the syringe and Inject subcutaneously following SQ instructions

HCG – Human Chorionic Gonadotropin “Trigger Shot”

- Take only when specifically instructed by MD/RN
- You will be given specific instructions on the day of trigger
- Mix powder with 1cc of diluent – throw away the rest of the diluent

- Change needle to 25 gauge 1 ½ inch needle
- Inject intramuscularly following IM instructions

Antibiotic – Zithromax, Cipro

- You will be instructed when to start this oral antibiotic
- This does not appear on your calendar

Vaginal Suppositories

- CHECK TO MAKE SURE YOU HAVE RECEIVED THE CORRECT SUPPOSITORIES AND EACH ONE IS CLEARLY LABELED
- Refrigerate all suppositories
- Insert vaginally 1 ½” – 2” into vagina and lie down for 30 minutes
- Wait 30 minutes between vaginal medications
- You may or may not use an applicator

PRE EGG RETRIVAL SUPPOSITORIES

- E2V 2mg Vaginal Suppositories – used on cycle prep calendar (prior to egg retrieval up until embryo transfer). Take at night before bed.
- Viagra (Sildenafil) Vaginal Suppositories – used at doctor discretion for thickening lining. May need to wear a panty liner due to waxy drainage and usually causes some irritation.

POST EMBRYO TRANSFER SUPPOSITORIES

- E2V /Progesterone Suppositories – take at night before bed

Progesterone in Oil (50mg/ml in a 10ml vial)

- Take in the evenings at the same time every day
- Remove cap from the medication vial
- Open a 3cc syringe with an 18 gauge 1 ½ inch needle
- Instill 1cc of air in the syringe
- Inject 1cc of air into the syringe
- Invert the bottle and withdraw the required dose (as per calendar)
- 50mg = 1ml 100mg=2ml

- Change needle to 22 – 25 gauge 1 ½ inch needle
- Expel air from syringe
- Inject intramuscularly following IM instructions
- Massage area very well
- Knots will develop under the skin
- Apply warm compress as needed
- Walk around after injection to help prevent knots
- If taking 2ml daily, you may divide the dose to 1ml in AM and 1ml in PM to tolerate better

Heparin

- *Concentration should be 10,000 units/ml*
- *Dose: 5,000 units twice a day OR as instructed*
- Take in the AM and the PM approximately 12 hours apart
- Remove cap from medication vial
- Open a 1cc syringe, attach a 27 or 30 gauge ½” needle
- Withdraw 0.5cc or 50units on an insulin syringe
- Expel air from the syringe
- Inject subcutaneously following SQ instructions
- *Heparin will cause bruising – DO NOT rub the site after injection!*

***** Final Note***** On CD9 (cycle day 9 when monitoring begins) you will be given a new set of instructions once we have determined how you are progressing on your particular protocol. You have refills on all medications that you may need past CD9. Please call your pharmacy directly as needed for refills. It is important that you continue with all medications as instructed.

MEDICATIONS THAT YOU DO NOT SEE ON YOUR CALENDAR:

- E2V/Progesterone Suppository – used after embryo transfer
- Progesterone in oil – used after egg retrieval
- HCG, Ovidrel, “Trigger shot” – taken per MD/RN
- Zithromax (Azithromycin) 250mg (8 tablets) – started with trigger shot prior to egg retrieval

HELPFUL REFERENCES:

WWW.FERTILITYLIFELINES.COM

WWW.FREEDOMMEDTEACH.COM

WWW.FOLLISTIM.COM

AFTER HOURS, YOU MAY REACH THE NURSE ON-CALL FOR DR. SALEH BY CALLING THE MAIN OFFICE NUMBER 972-566-6686.

**The recording will give you the cell number to reach the RN on-call!
The number changes weekly! Please call before 10PM for your evening injections.**

Injectable Medications: Frequently Asked Questions

1. Why are we on different medications?

Not all patients will be on the same medications. Protocols are patient specific and based on patient history and previous treatment cycles.

2. What if I have questions after the office is closed?

After the office is closed, there is an office nurse on-call for urgent matters. Please call the main # 972-566-6686 and listen for directions to reach the nurse on-call.

3. Do these injections hurt?

We will teach you proper technique. Using an ice cube at the injection site prior to giving the injection will help numb the area.

4. What if my injection site gets bruised from the injections?

Sometimes you may be holding the site too tightly between your fingers. The area where you are going to give the injection only needs to be held softly between your fingers. We suggest you rotate the site everyday. Bruising with any or all of your injections is very normal even if you have perfect technique!

5. What can I do if the medication stings or burns?

Sometimes the medication may sting or cause a burning sensation. This is because the medication absorbs under the top layer of skin. If this should happen, put ice on the site before injecting the area. This will numb the skin so this sensation will decrease.

6. How do I get refills?

REFILLS HAVE ALREADY BEEN ORDERED FOR ALL OF YOUR MEDICATIONS, NEEDLES, AND SYRINGES!!!! Please call your pharmacy when you are running low, and tell them you need a refill. Usually they can overnight the medication(s) to you. Please DO NOT RUN OUT OF MEDICATIONS!!!!

7. What if I do not have anyone to administer my injection in the buttocks?

Although it is easier if someone can administer your injection in the buttocks, it is still possible to self administer the injection in the upper outer quadrant of the buttocks.

8. What if I bleed after I give myself an injection?

This is normal and is to be expected, especially after IM injections. If this happens, just apply mild pressure with gauze or cotton, and apply a band-aid, as needed.

9. What if I can't get all of the medication out of the vial once it is mixed?

Pull back the syringe slowly so you do not remove it from the vial. You must keep the needle BELOW the level of liquid in the bottle. Also, make sure the needle and syringe are securely fastened together.

10. When can I start taking prenatal vitamins?

You can start taking prenatal vitamins (PNV) even before you start fertility medications. Make sure you taking a prescription prenatal vitamin or an over the counter vitamin with at least 1mg or 1000mcg of folic acid.

11. Can I exercise while taking these medications?

Yes, however, when you start the stimulation medications, i.e. Gonal-F, Follistim, Menopur, Repronex, you may start to feel some pressure in your abdomen due to your growing ovaries. Decrease exercises to a light exercise, preferable no heavy aerobics, horseback riding, or anything of that nature.

12. Can I get my hair highlighted or colored?

Yes. Once you become pregnant, it is not advised.

13. What is hCG "trigger" (Human Chorionic Gonadotropin) used for?

Once your follicles have grown (based on the size of your follicles on the ultrasound) and your estrogen blood level, you will be given instructions to take this medication. This drug prepares the follicles to release the eggs and induce ovulation. REMEMBER: 1cc of sterile water is used to dilute this medication if you are mixing the medication yourself.

14. Do I take my nightly medications on the night of my hCG "trigger" shot?

No, you do not. All injections cease after the hCG shot. We will give you a new calendar after egg retrieval to start new injections.

15. When will my egg retrieval be?

You egg retrieval will be approximately 36 hours after your hCG "trigger" shot.

16. When will my embryo transfer be?

Hopefully, the embryo transfer will be 5 days after the egg retrieval. Do not count the day of retrieval.

17. When will my first pregnancy test be?

Your first beta pregnancy test will be 10 days and 12 days after transfer. We hope to see the number double between day 10 and day 12.

18. How long do I have to take Progesterone shots for?

You will remain on Progesterone injections until a heartbeat is confirmed by ultrasound.

19. How long do I have to take vaginal suppositories for?

You will remain on suppositories until your 10th week of pregnancy or as advised by your OB/GYN.