Physician’s Orders

DEFEROXAMINE (DESFERAL) - ADULT, OUTPATIENT, INFUSION CENTER

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Defaults for orders not otherwise specified below:

- Interval: Every 7 days
- Duration:
  - Until date: __________
  - 1 year
  - _______ # of Treatments

Anticipated Infusion Date __________ ICD 10 Code with Description ________________

Height _____ (cm) Weight _____ (kg) Allergies ____________________________________

Provider Specialty
☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Site of Service
☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Appointment Requests

☐ Infusion Appointment Request
  Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

Safety Parameters and Special Instructions

☐ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
  DEFEROXAMINE (DESFERAL):
  With chronic therapy, perform ophthalmologic exam (fundoscopy, slit-lamp exam) and audiometry.

  Dose reduction required for renal dysfunction.

  Urine discoloration: Patients should be informed that urine may have a pink, reddish, or orange discoloration (often referred to as vin rosé discoloration).

  Deferoxamine may be administered on the same day of blood transfusion, either prior to or following transfusion; do not administer concurrently with transfusion.

  TIBC may be falsely elevated with high serum iron concentrations or deferoxamine therapy.

  Avoid ascorbic acid doses greater than 200 mg/day.

Labs

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron and Iron Binding Capacity Level</td>
<td>PRN</td>
</tr>
<tr>
<td>Ferritin, Blood Level</td>
<td>PRN</td>
</tr>
<tr>
<td>Complete Blood Count w/Differential</td>
<td>PRN</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>PRN</td>
</tr>
</tbody>
</table>


CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
Labs (continued)

☐ Other Labs:  ☐ Every ___days  ☐ Until date:______
☐ Once  ☐ 1 year  ☐ # of Treatments

Nursing Orders

☐ ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

Hydration

☐ sodium chloride 0.9% (NS) infusion
100 mL/hr, Intravenous, Continuous, Starting S

Medications

☐ deferoxamine (DESFERAL) in sodium chloride 0.9 % 100 mL
IVPBDose:
☐ 500 mg
☐ 1,000 mg
☐ 2,000 mg
☐ 10 mg/kg
☐ 20 mg/kg
☐ 40 mg/kg
☐ 50 mg/kg
☐ _____ mg OR _____ mg/kg

Administer Over:
☐ 1.5 hours
☐ 8 hours
☐ 12 hours
☐ ___ hours
Intravenous, Once, Starting H, For 1 Doses
Rate of infusion not to exceed 15 mg/kg/hr. Maximum daily dose 80 mg/kg/day and not to exceed 6 g/day.

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.