



Patient Name  
DOB  
MRN  
Physician  
FIN

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 (DEFERAL):**

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**

	Interval
<input type="checkbox"/> Iron and Iron Binding Capacity Level Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	PRN
<input type="checkbox"/> Ferritin, Blood Level Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	PRN
<input type="checkbox"/> Complete Blood Count w/Differential Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	PRN
<input type="checkbox"/> Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	PRN

**CONTINUED ON PAGE 2 →**

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

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



**Spectrum Health**

**DEFEROXAMINE (DEFERAL) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)**

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**Labs (continued)**

- Other Labs: \_\_\_\_\_
- Every \_\_\_ days       Until date: \_\_\_\_\_
- Once                       1 year
- \_\_\_\_\_ # of Treatments

**Nursing Orders**

Interval

- 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 (DEFERAL) in sodium chloride 0.9 % 100 mL IVPB  
Dose:
- 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.

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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.



TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
		Sign	R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 08/26/20