Spectrum Health

Physician's Orders FERRIC CARBOXYMALTOSE (INJECTAFER) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- ☐ Interval: Every 7 days
- ☐ Interval: Every _____ days

Duration:

- ☐ 2 treatments
- ☐ 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, Infusion and possible labs

Provider Ordering Guidelines

☑ ONC PROVIDER REMINDER 15

FERRIC CARBOXYMALTOSE (INJECTAFER):

Patients eligible to receive ferric carboxymaltose infusion include those with iron deficiency defined as ferritin less than 100 mcg/mL and/or iron saturation less than 20%; Patients may be considered with or without anemia; persistently symptomatic patients with low normal iron studies may also be considered for iron therapy.

Prior to initiation of IV iron therapy, patients should be evaluated for overt bleeding and poor dietary iron function tests greater than three times the upper limit of normal, or patient receiving hemodialysis.

Dose of ferric carboxymaltose:

For patients less than 50 kg, dose is 15 mg/kg.

For patients greater than or equal to 50 kg, dose is 750 mg.

Labs

	Interval	Duration
☐ Hemoglobin + Hematocrit (H+H)	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

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

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Labs (continued)

		Interval	Duration
☐	Ferritin, Blood Level	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Transferrin, Blood Level	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Iron and Iron Binding Capacity Level	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments
	Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☐	Other Labs: _____	☐ Every ___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

Nursing Orders

☑ ONC NURSING COMMUNICATION 10

FERRIC CARBOXYMALTOSE (INJECTAFER):

Concerns related to adverse effects:

• Hypersensitivity: Serious hypersensitivity reactions, including anaphylactic-type reactions (some life-threatening and fatal) have been reported. Monitor during and for at least 30 minutes after administration and until clinically stable. Signs/symptoms of serious hypersensitivity reaction include shock, hypotension, loss of consciousness, and/or collapse. Equipment for resuscitation, medication, and trained personnel experienced in handling emergencies should be immediately available during infusion.

• Hypertension: Transient elevations in systolic blood pressure (sometimes with facial flushing, dizziness, or nausea) were observed in studies; usually occurred immediately after dosing and resolved within 30 minutes. Monitor blood pressure following infusion.

Observe patient for signs and symptoms of hypersensitivity during and after ferric carboyxmaltose administration for at least 30 minutes and until clinically stable following completion of each administration.

At the onset of any hypersensitivity reaction, the infusion must be stopped and the ordering physician or on-site nurse practitioner will be notified immediately with emergent medications given under that provider's direction.

Patient may only be discharged if no signs or symptoms of hypertension or hypersensitivity reactions and the patient's vital signs are at baseline.

☑ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

Vitals

☑ Vital Signs

Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

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Patient Name

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Medications

☑ ferric carboxymaltose (INJECTAFER) 750 mg or 15 mg/kg for patients less than 50 kg in sodium chloride 0.9 % 50 mL IVPB

Intravenous, for 15 Minutes, Once, Starting S, For 1 Doses

Infuse over at least 15 minutes. Monitor for hypersensitivity reactions during and for at least 30 minutes after administration, and until clinically stable.

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

EPIC VERSION DATE: 07-16-20

