Physician’s Orders
FERRIC GLUCONATE (FERRLECIT) - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 2

Defaults for orders not otherwise specified below:

- Interval: Every 7 days for 8 treatments
- Interval: Every _____ days

Duration:
- Until date: __________
- _____# of Treatments

Anticipated Infusion Date ___________ ICD 10 Code with Description ___________

Height ________(cm) Weight ________(kg) Allergies ________________________________________________

Provider Specialty
- Allergy/Immunology
- Cardiology
- Gastroenterology
- Genetics
- Site of Service

- SH Gerber
- SH Helen DeVos (GR)

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

Labs

- Hemoglobin + Hematocrit (H+H)
- Ferritin, Blood Level
- Iron and Iron Binding Capacity Level
- Reticulocyte Count with Reticulocyte Hemoglobin

Nursing Orders

- ONC NURSING COMMUNICATION 10
  - FERRIC GLUCONATE (FERRLECIT):
  - Use only in patients with documented iron deficiency.

  Serious hypersensitivity reactions, including anaphylactic-type reactions, have occurred (may be life-threatening). May present with shock, clinically significant hypotension, loss of consciousness, or collapse. Monitor during administration and for 30 minutes after administration and until clinically stable after infusion. Avoid rapid administration. Equipment for resuscitation and trained personnel experienced in handling medical emergencies should always be immediately available.

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

CONTINUED ON PAGE 2 ➤

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

Medications

☑ ferric gluconate (FERRLECIT) 125 mg in sodium chloride 0.9%
110 mL IVPB
125 mg, Intravenous, Administer over 60 Minutes (110 ml/hr), Once, Starting S, For 1 Doses

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.

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<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
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EPIC VERSION DATE:
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