Defaults for orders not otherwise specified below:

- **Interval:** Every 7 days
- **Duration:** 4 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)

**Site of Service**
- 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.
  - Labs and infusion

**Provider Reminder**

- ONC PROVIDER REMINDER
  - Interval: Once
  - Duration: 1 treatment
  - For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions" Therapy Plan.

- ONC PROVIDER REMINDER 17
  - Interval: Once
  - Duration: 1 treatment
  - Pretreatment with antipyretics, antihistamines and/or corticosteroids is not required per package insert.

**Labs**

- Complete Blood Count w/Differential
  - STAT, Starting S, For 1 Occurrences, Blood, Venous

- Complete Blood Count without Differential
  - STAT, Starting S, For 1 Occurrences, Blood, Venous

- Ferritin, Blood Level
  - STAT, Starting S, For 1 Occurrences, Blood, Venous

- Iron and Iron Binding Capacity Level
  - STAT, Starting S, For 1 Occurrences, Blood, Venous

- Reticulocyte Count with Reticulocyte Hemoglobin
  - STAT, Starting S, For 1 Occurrences, Blood, Venous

**Pre-Medications**

- Pre-medication with dose:

- Pre-medication with dose:

**Medications**
Medications (continued)

☑ ferric gluconate (FERRLECIT) 1.5 mg/kg in sodium chloride 0.9 % IVPB
   1.5 mg/kg, Intravenous, Administer over 60 Minutes, Once, Starting when released
   Monitor for hypersensitivity reaction and anaphylaxis. Monitor vital signs every 15 minutes during the first hour of the infusion and every 30 minutes until 60 minutes after completion of infusion. Only compatible with NS.

Nursing Orders

☑ ONC NURSING COMMUNICATION 101
- Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis prior to infusion, then every 15 minutes during infusion, then 30 minutes after drug completion.

- Monitor and document temperature and assess for hyperthermia or hypothermia prior to infusion and continue every 30 minutes until 30 minutes after infusion finishes.

- Notify provider, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

- Verify that patient has diphenhydramine / Epi-pen available (as appropriate) for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.

- Patient to remain in the outpatient clinic for observation after each infusion, for minimum of sixty (60) minutes.

- Monitor for extravasation during administration. If extravasation occurs, discontinue infusion and notify provider.

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.