Physician's Orders
FERUMOXYTOL (FERAHEME) - 
ADULT, OUTPATIENT, 
INFUSION CENTER
Page 1 to 2

Defaults for orders not otherwise specified below:
☐ Interval: Days 0 and 7

Duration:
☐ Until date: __________
☐ ______# 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

Safety Parameters and Special Instructions
☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
FERUMOXYTOL (FERAHEME):

Magnetic resonance (MR) imaging: Administration may alter MR imaging; conduct anticipated MRI studies prior to use. MR imaging alterations may persist for about 3 months following use, with peak alterations anticipated in the first 2 days following administration. If MR imaging is required within 3 months after administration, use T1- or proton density-weighted MR pulse sequences to decrease effect on imaging. Do not use T2-weighted sequence MR imaging prior to 4 weeks following ferumoxytol administration. Ferumoxytol does not interfere with X-ray, computed tomography (CT), positron emission tomography (PET), single photon emission computed tomography (SPECT), ultrasound or nuclear medicine imaging.

Ferumoxytol (FERAHEME) use is RESTRICTED to SHDV formulary for use by pediatric blood avoidance service and pediatric hematology/oncology. ORDERS FOR PATIENTS BEING MANAGED BY PEDIATRIC BLOOD AVOIDANCE SERVICE SHOULD BE PLACED USING SMARTSET

Labs

<table>
<thead>
<tr>
<th>Test</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin + Hematocrit (H+H)</td>
<td>Once</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Ferritin, Blood Level</td>
<td>Once</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Iron and Iron Binding Capacity Level</td>
<td>Once</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Transferrin, Blood Level</td>
<td>Once</td>
<td>1 Treatment</td>
</tr>
</tbody>
</table>

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

Nursing Orders

CONTINUED ON PAGE 2 ➔

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

☐ ONC NURSING COMMUNICATION 14
FERUMOXYTOL (FERAHEME):
Monitor closely during administration and for at least 30 minutes following for hypersensitivity reactions. Resuscitation equipment should be available. Monitor blood pressure closely; can cause hypotension.

☐ 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

Medications

☐ ferumoxytol (FERAHEME) 510 mg in sodium chloride 0.9 %
117 mL IVPB
510 mg, Intravenous, Administer over 20 Minutes (351 ml/hr). Once, Starting S. For 1 Doses
RESTRICTED MEDICATION
Patient should be in a reclined or semi-reclined position during the infusion; monitor for signs of hypersensitivity (including BP and HR) for at least 30 minutes after infusion.

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.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>DATE</td>
<td>TIME</td>
</tr>
<tr>
<td>Sign</td>
<td>R.N. Sign</td>
<td>Physician Print</td>
</tr>
</tbody>
</table>

EPIC VERSION DATE: 07/16/20
X25263 (3/21) - Page 2 of 2   © Spectrum Health