



Patient Name
DOB
MRN
Physician
FIN

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

Hemoglobin + Hematocrit (H+H)

Interval

Duration

Once

1 Treatment

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

Ferritin, Blood Level

Once

1 Treatment

Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

Iron and Iron Binding Capacity Level

Once

1 Treatment

Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

Transferrin, Blood Level

Once

1 Treatment

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

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.

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.



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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

- ferumoxylol (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.



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.

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