

Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Ferric Carboxymaltose (Injectafer) Orders

2/2024

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1. Diagnosis _____
2. Treatment Start Date: _____ Date to follow up with provider, if needed: _____
3. **If not from CCH physician, send Face Sheet and H&P or most recent chart note.**
4. **Pre-medications** prior to Iron Infusion:
 - Acetaminophen 975mg PO x 1
 - OR**
 - Acetaminophen (Ofirmev) 1000mg IV x 1
 - History of Transfusion Reaction:** Solu-Medrol 125mg IV x 1.
5. **Dose calculation:**
 Dosing is based on the following equation
Iron-deficiency anemia: IV:
 - a. <50 kg: 15 mg/kg on day 1; repeat dose after at least 7 days. May repeat course of therapy if anemia reoccurs.
 - b. ≥50 kg:
 - i. *Two-dose regimen:* 750 mg on day 1; repeat dose after at least 7 days (maximum: 750 mg/single dose; 1,500 mg per course). May repeat course of therapy if anemia reoccurs.
 - ii. *Single-dose regimen:* 15 mg/kg as a single dose (maximum: 1,000 mg). May repeat course of therapy if anemia reoccurs
6. **Dose (choose one):**
 - Ferric Carboxymaltose 750mg diluted in 250mL of 0.9% NaCL infused over 15 minutes IVPB x 1.
 - Ferric Carboxymaltose 1000mg diluted in 250mL of 0.9% NaCL infused over 15 minutes IVPB x 1.
 - Ferric Carboxymaltose _____mg IVPB x 1 (dilution and infusion rate per pharmacy).
7. **Nursing orders:**
 - Vitals prior to and after infusion
 - Start IV saline lock or access implanted port per facility protocol.
 - Patient should be reclined or semi-reclined during administration
 - Monitor patient for 30 minutes after infusion. DO NOT discontinue IV until after 30 minutes of monitoring.
 - Labs to be drawn: _____
 - If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider.
 Administer emergency medications per CCH Infusion Center Hypersensitivity Orders
OR per the following order: _____

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____

