

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

(8/2024)

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Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send FACE SHEET and H&P or most recent chart note.
2. Provider must order and obtain a ferritin prior to patient being scheduled for iron infusion. Labs drawn date: _____

LABS:

Labs to be drawn: _____

NURSING ORDERS:

1. TREATMENT PARAMETER – Hold treatment and notify provider if Ferritin greater than 300 ng/mL.
2. Monitor the patient for signs and symptoms of hypersensitivity during the infusion and for at least 30 minutes after completion of the infusion. Also monitor BP following infusion.
3. Instruct patient to set follow up appointment with provider for follow up labs.
4. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes
5. Patient should be reclined or semi-reclined during administration
6. Monitor patient for 30 minutes after infusion. DO NOT discontinue IV until after 30 minutes of monitoring.

PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)

Acetaminophen 975mg PO x 1

OR

Acetaminophen (Ofirmev) 1000mg IV x 1

History of Transfusion Reaction: Solu-Medrol 125mg IV x 1.

MEDICATION:

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)

(cont.)

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HYPERSENSITIVITY:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop **STOP THE INFUSION.**
2. Obtain vital signs and continue to monitor vitals every 5 minutes.
3. Notify ordering provider.
4. Refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
5. Continue to assess as grade of severity may progress.
6. Administer emergency medications as directed on the physician's orders.

HYPERSENSITIVITY MEDICATIONS:

1. **Acetaminophen, 975 mg**, PO, x 1 dose, AS NEEDED for hypersensitivity or infusion reaction.
2. **DiphenhydrAMINE inj, 50 mg**, IV, AS NEEDED for hypersensitivity or infusion reaction. May repeat x 1 AS NEEDED per reaction management algorithm.
3. **Hydrocortisone Sodium Succinate, 100 mg**, IV, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
4. **Famotidine, 20 mg**, IV, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
5. **Oxygen, 2 Liters/min** per nasal cannula for hypersensitivity or infusion reaction.
6. **0.9% Normal Saline, 1000 mL**, IV, 150mL/hr, AS NEEDED for hypersensitivity or infusion reaction.
7. **EPINEPHrine HCl (1mg/1mL), 0.3 mg**, IM injection, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.

My NPI number is _____ **(MUST BE COMPLETED TO BE A VALID PRESCRIPTION)**; and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____