

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)**

Ferumoxytol (Feraheme) 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. **Premedications** 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 (choose one):**
 - Single-dose regimen: Ferumoxytol 1020mg diluted in 250ml of 0.9% NaCl given IV over 30 minutes x 1.
 - Two-dose regimen: Ferumoxytol 510mg diluted in 100ml of 0.9% NaCl given IV over 15 minutes once; After _____ days (3 to 8), administer a second dose of 510mg x 1.
6. **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: _____

