Corewell Health™

Physician's Orders FERUMOXYTOL (FERAHEME) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name	
DOB	
MRN	
Physician	
CSN	

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 7 days (Days 0 and 7)

Duration:
- ☐ 2 treatments
- ☐ Until date: _____
- ☐ _____ # of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ CH Gerber ☐ CH Lemmen Holton (GR) ☐ CH Pennock ☐ CH Greenville
☐ CH Helen DeVos (GR) ☐ CH Ludington ☐ CH Reed City ☐ CH Zeeland
☐ CH Blodgett (GR)

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

Appointment Requests

☑ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+365, 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 HDVCH 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)
Status: Future, Expected: S, Expires: S+366, URGENT, Clinic Collect, Blood, Blood, Venous, Once

☐ Ferritin, Blood Level
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous, Once

☐ Iron and Iron Binding Capacity Level
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous, Once

☐ Transferrin, Blood Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous, Once

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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.

FERUMOXYTOL (FERAHEME) - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Patient Name	
DOB	
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Nursing Orders

☑ ONC NURSING COMMUNICATION 14

FERUMOXYTOL (FERAHEME):

Monitor for hypersensitivity reactions during administration and for 30 minutes after administration. Resuscitation equipment should be available. Monitor blood pressure closely; can cause hypotension

☑ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

☑ Hypersensitivity Reaction Adult Oncology Protocol

Until discontinued Starting when released Until Specified

Vitals

☑ Vital Signs

Routine, PRN Starting when released Until Specified

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: 30 Minutes, Once, Starting when released

Monitor for hypersensitivity reactions during administration and for 30 minutes after administration.

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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 Sign**

EPIC VERSION DATE: 07/16/20

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