Physician's Orders FERRIC GLUCONATE (FERRLECIT) - PEDIATRIC, OUTPATIENT, INFUSION CENTER

Page 1 to 2

Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:
☐ Interval: Every 7 days

Duration:
☐ 4 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, Labs and infusion

Provider Reminder

	Interval	Duration
☑ ONC PROVIDER REMINDER For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions" Therapy Plan.	Once	1 treatment
☑ ONC PROVIDER REMINDER 17 Pretreatment with antipyretics, antihistamines and/or corticosteroids is not required per package insert.	Once	1 treatment

Labs

	Interval	Duration
☐ Complete Blood Count w/Differential STAT, Starting S, For 1 Occurrences, Blood, Venous		
☐ Complete Blood Count without Differential STAT, Starting S, For 1 Occurrences, Blood, Venous		
☐ Ferritin, Blood Level STAT, Starting S, For 1 Occurrences, Blood, Venous		
☐ Iron and Iron Binding Capacity Level STAT, Starting S, For 1 Occurrences, Blood, Venous		
☐ Reticulocyte Count with Reticulocyte Hemoglobin STAT, Starting S, For 1 Occurrences, Blood, Venous		
☐ Labs: ____________________________________	☐ Every ____ days ☐ Once	☐ ____# of treatments ☐ 1 treatment

Pre-Medications

☐ Pre-medication with dose: ____

☐ Pre-medication with dose: ____

Medications

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.

Spectrum Health Helen DeVos children's hospital

FERRIC GLUCONATE (FERRLECIT) - PEDIATRIC, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Patient Name

DOB

MRN

Physician

FIN

Medications (continued)

☑ ferric gluconate (FERRLECIT) 1.5 mg/kg in sodium chloride 0.9 % IVPB

1.5 mg/kg, Intravenous, Administer over 60 Minutes, Once, Starting when released

Monitor for hypersensitivity reaction and anaphylaxis. Monitor vital signs every 15 minutes during the first hour of the infusion and every 30 minutes until 60 minutes after completion of infusion. Only compatible with NS.

Nursing Orders

☑ ONC NURSING COMMUNICATION 101

- Monitor vital signs with pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis prior to infusion, then every 15 minutes during infusion, then 30 minutes after drug completion.

- Monitor and document temperature and assess for hyperthermia or hypothermia prior to infusion and continue every 30 minutes until 30 minutes after infusion finishes.

- Notify provider, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

- Verify that patient has diphenhydramine / Epi-pen available (as appropriate) for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.

- Patient to remain in the outpatient clinic for observation after each infusion, for minimum of sixty (60) minutes.

- Monitor for extravasation during administration. If extravasation occurs, discontinue infusion and notify provider.

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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: TIME DATE	VALIDATED: TIME DATE	ORDERED: TIME DATE	Pager #
Sign	R.N. Sign	Physician Print	Physician

EPIC VERSION DATE: 07/16/20

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