

Physician's Orders – Ferric Derisomaltose, Adult**PATIENT INFORMATION**

Name:	Date of Birth:	Phone:
Address:	Height:	(cm) Weight: (kg)
Anticipated Infusion Date:	Allergies:	

CLINICAL INFORMATION

Common ICD-10 codes:	☐ D50.0 Iron deficiency anemia secondary to blood loss (chronic)	☐ D50.9 Iron deficiency anemia, unspecified
Other (Code & description required) ICD-10 Code:	ICD-10 Description:	

LABS

	Frequency/Duration		Frequency/Duration
☐ Hemoglobin + Hematocrit		☐ Transferrin, Blood level	
☐ Ferritin, Blood level		☐ Iron & Iron Binding Capacity level	

MEDICATION – FERRIC DERISOMALTOSE IV

Dose	Frequency / Duration
☐ 20 mg/kg (max dose 1000 mg)	☐ Once

Dosing: For patients weighing 50 kg or more: 1000 mg; for patients less than 50 kg: 20 mg/kg. Administer over 30 minutes

SUPPLEMENTAL ORDERS

- ☒ Hypersensitivity Reactions: Monitor patients for signs and symptoms of hypersensitivity during and after Monoferic administration for at least 30 minutes and until clinically stable following completion of the infusion.
- ☒ May Initiate IV Catheter Patency Adult Protocol
- ☒ Take vital signs at initiation and completion of infusion and as frequently as indicated by the patient's symptoms

HYPERSENSITIVITY REACTIONS

Mild symptoms: flushing, itching, splotchy skin or rash, headache, nasal stuffiness, nausea, anxiety, complaints of tingling, rigors, chills, or scratchy throat

Severe symptoms: respiratory distress, stridor, wheezing, decreasing oxygen saturation, hypotension, significant changes in or a complete loss of consciousness, diaphoresis, chest pain and/or tightness, full body hives, difficulty swallowing, or thick tongue.

- ☒ **Sodium chloride 0.9% 500 mL** Intravenous, Administer over: 30 Minutes, Once PRN for reduction in systolic or diastolic blood pressure of 20 mmHg or greater
- ☒ **Famotidine (Pepcid) 20 mg** Intravenous, Administer over: 2 Minutes, Once PRN mild symptoms. Administer IV if patient has IV access.
- ☒ **Famotidine (Pepcid) 20 mg** Oral, Once PRN mild symptoms. Administer by mouth if no IV access.
- ☒ **EPINEPHrine 0.3 mg** Intramuscular, Once PRN anaphylaxis, severe reaction. Administer into anterolateral thigh.
- ☒ **MethylPREDNISolone sodium succinate (SOLU-Medrol) 125 mg** Intravenous, Once PRN severe reaction. Administer over 3-5 minutes.
- ☒ **Acetaminophen (Tylenol) 650 mg** Oral, Once PRN fever.
- ☒ **Albuterol (PROVENTIL) 0.5% (5 mg/mL) nebulizer solution 5 mg** Nebulization, Once PRN shortness of breath.
- ☒ **Albuterol HFA (PROVENTIL HFA, VENTOLIN HFA, PROAIR HFA) inhaler 4 puffs** inhalation, Once PRN shortness of breath. Use if nebulizer not available.

RECOMMENDED DOCUMENTATION: ☐ Insurance Card / Information ☐ Progress Notes & Labs Supporting Diagnosis

PROVIDER INFORMATION

Referring Physician:	Phone:	Fax:
Address:	City:	State: Zip Code:
Direct line for urgent questions about patient:	Weekend on call phone (if applicable):	

Provider Signature_____
Date