

# Physician's Orders

## FERRIC GLUCONATE (FERRLECIT) -

## ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Defaults for orders not otherwise specified below:

- ☐ Interval: Every 7 days  
☐ Interval: Every \_\_\_\_\_ days

Duration:

- ☐ For 8 treatments  
☐ Until date: \_\_\_\_\_  
☐ \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

### Site of Service

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> CH Gerber           | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock   | <input type="checkbox"/> CH Greenville |
| <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington          | <input type="checkbox"/> CH Reed City | <input type="checkbox"/> CH Zeeland    |
| <input type="checkbox"/> CH Blodgett (GR)    |  |                                       |  |
- Provider Specialty**
- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> 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

### Labs

	Interval	Duration
<input type="checkbox"/> Hemoglobin + Hematocrit (H+H)	<input type="checkbox"/> Every _____ days <input type="checkbox"/> Once	<input type="checkbox"/> Once <input type="checkbox"/> _____ # of Treatments
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
<input type="checkbox"/> Ferritin, Blood Level	<input type="checkbox"/> Every _____ days <input type="checkbox"/> Once	<input type="checkbox"/> Once <input type="checkbox"/> _____ # of Treatments
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
<input type="checkbox"/> Iron and Iron Binding Capacity Level	<input type="checkbox"/> Every _____ days <input type="checkbox"/> Once	<input type="checkbox"/> Once <input type="checkbox"/> _____ # of Treatments
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
<input type="checkbox"/> Reticulocyte Count with Reticulocyte Hemoglobin	<input type="checkbox"/> Every _____ days <input type="checkbox"/> Once	<input type="checkbox"/> Once <input type="checkbox"/> _____ # of Treatments
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
<input type="checkbox"/> _____	<input type="checkbox"/> Every _____ days <input type="checkbox"/> Once	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> _____ # of Treatments

**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

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## Nursing Orders

- ☒ **ONC NURSING COMMUNICATION 10**  
**FERRIC GLUCONATE (FERRLECIT):**

  - Use only in patients with documented iron deficiency.
  - Serious hypersensitivity reactions, including anaphylactic-type reactions, have occurred (may be life-threatening). May present with shock, clinically significant hypotension, loss of consciousness, or collapse. Monitor during administration and for 30 minutes after administration and until clinically stable after infusion. Avoid rapid administration. Equipment for resuscitation and trained personnel experienced in handling medical emergencies should always be immediately available.

- ☒ **ONC NURSING COMMUNICATION 100**  
May Initiate IV Catheter Patency Adult Protocol

- ☒ Hypersensitivity Reaction Adult Oncology Protocol

Until discontinued

Routine, Until discontinued Starting when released for 24 hours

**HYPERSENSITIVITY REACTIONS:**

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

## Vitals

- ☒ Vital Signs

Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

## Medications

- ☒ ferric gluconate (FERRLECIT) 125 mg in sodium chloride 0.9 % 110 mL IVPB  
125 mg, Intravenous, Administer over 60 Minutes (110 ml/hr), Once, Starting S, For 1 Dose

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.

<b>TRANSCRIBED:</b>		<b>VALIDATED:</b>		<b>ORDERED:</b>	
<b>TIME</b>	<b>DATE</b>	<b>TIME</b>	<b>DATE</b>	<b>TIME</b>	<b>DATE</b>
					Page #
	<b>Sign</b>		<b>R.N. Sign</b>	<b>Physician Print</b>	<b>Physician Sign</b>

**EPIC VERSION DATE:**