



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**

☐ SH Gerber

☐ SH Lemmen Holton (GR)

☐ SH Pennock

☐ SH United Memorial

☐ SH Helen DeVos (GR)

☐ SH Ludington

☐ SH Reed City

☐ SH Zeeland

**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+356, 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 SHDV 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)

Interval

Once

Duration

1 Treatment

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

☒ Ferritin, Blood Level

Once

1 Treatment

Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

☒ Iron and Iron Binding Capacity Level

Once

1 Treatment

Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

☒ Transferrin, Blood Level

Once

1 Treatment

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

☐ Labs: \_\_\_\_\_

☐ Every \_\_\_\_ days

☐ Once

☐ Until date: \_\_\_\_\_

☐ 1 year

☐ \_\_\_\_\_ # of Treatments

**CONTINUED ON PAGE 2 →**

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



**Spectrum  
Health**

**FERUMOXYTOL  
(FERAHEME) -  
ADULT, OUTPATIENT,  
INFUSION CENTER  
(CONTINUED)  
Page 2 to 2**

Patient Name

DOB

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**Nursing Orders**

- ☒ **ONC NURSING COMMUNICATION 14**  
FERUMOXYTOL (FERAHEME):  
Monitor closely during administration and for at least 30 minutes following for hypersensitivity reactions. Resuscitation equipment should be available. Monitor blood pressure closely; can cause hypotension.
- ☒ **ONC NURSING COMMUNICATION 100**  
May Initiate IV Catheter Patency Adult Protocol

**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**

- ☒ **ferumoxylol (FERAHEME) 510 mg in sodium chloride 0.9 % 117 mL IVPB**  
510 mg, Intravenous, Administer over 20 Minutes (351 ml/hr), Once, Starting S, For 1 Dose  
**RESTRICTED MEDICATION**  
Patient should be in a reclined or semi-reclined position during the infusion; monitor for signs of hypersensitivity (including BP and HR) for at least 30 minutes after infusion.

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.

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

**EPIC VERSION DATE:** 07/16/20

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