Corewell Health™

Patient Name	
DOB	
MRN	
Physician	
CSN	

Physician's Orders
FERRIC CARBOXYMALTOSE (INJECTAFER) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Defaults for orders not otherwise specified below:
- ☐ Interval: Every 7 days
- ☐ Interval: Every 14 days
- ☐ Interval: Every_____days

Duration:
- ☐ 2 treatments
- ☐ Until date: _____
- ☐ 1 year
- ☐ _____# 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

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

Provider Ordering Guidelines

☑ ONC PROVIDER REMINDER 15

FERRIC CARBOXYMALTOSE (INJECTAFER):

Patients eligible to receive ferric carboxymaltose infusion include those with iron deficiency defined as ferritin less than 100 mcg/mL and/or iron saturation less than 20%; Patients may be considered with or without anemia; persistently symptomatic patients with low normal iron studies may also be considered for iron therapy.

Prior to initiation of IV iron therapy, patients should be evaluated for overt bleeding and poor dietary iron function tests greater than three times the upper limit of normal, or patient receiving hemodialysis.

Dose of ferric carboxymaltose:

For patients less than 50 kg, dose is 15 mg/kg.

For patients greater than or equal to 50 kg, dose is 750 mg.

Labs

		Interval	Duration
☑	Hemoglobin + Hematocrit (H+H)	☐ Every___days ☐ Once 4 weeks post 2nd infusion ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

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

☐	Ferritin, Blood Level	☐ Every___days ☐ Once 4 weeks post 2nd infusion ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

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

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

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FERRIC CARBOXYMALTOSE (INJECTAFER) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

Labs (continued)

		Interval	Duration
☐	Transferrin, Blood Level	☐ Every___days ☐ Once 4 weeks post 2nd infusion ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

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

		Interval	Duration
☐	Iron and Iron Binding Capacity Level	☐ Every___days ☐ Once 4 weeks post 2nd infusion ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

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

Additional Lab Orders

		Interval	Duration
☐	Labs: _____	☐ Every___days ☐ Once	☐ Until date: _____ ☐ 1 year ☐ _____# of Treatments

Nursing Orders

☑ ONC NURSING COMMUNICATION 10

FERRIC CARBOXYMALTOSE (INJECTAFER):

Concerns related to adverse effects:

• Hypersensitivity: Serious hypersensitivity reactions, including anaphylactic-type reactions (some life-threatening and fatal) have been reported. Monitor during and for at least 30 minutes after administration and until clinically stable. Signs/symptoms of serious hypersensitivity reaction include shock, hypotension, loss of consciousness, and/or collapse. Equipment for resuscitation, medication, and trained personnel experienced in handling emergencies should be immediately available during infusion.

• Hypertension: Transient elevations in systolic blood pressure (sometimes with facial flushing, dizziness, or nausea) were observed in studies; usually occurred immediately after dosing and resolved within 30 minutes. Monitor blood pressure following infusion.

Observe patient for signs and symptoms of hypersensitivity during and after ferric carboyxmaltose administration for at least 30 minutes and until clinically stable following completion of each administration.

At the onset of any hypersensitivity reaction, the infusion must be stopped and the ordering physician or on-site nurse practitioner will be notified immediately with emergent medications given under that provider's direction.

Patient may only be discharged if no signs or symptoms of hypertension or hypersensitivity reactions and the patient's vital signs are at baseline.

☑ 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.

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FERRIC CARBOXYMALTOSE (INJECTAFER) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER *(CONTINUED)*

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 carboxymaltose (INJECTAFER) in sodium chloride 0.9 % 50 mL IVPB
Dose:

☐ 750 mg

☐ 15 mg/kg (for patients less than 50 kg)

Intravenous, for 15 Minutes, Once, Starting S, For 1 Dose
Infuse over at least 15 minutes. Monitor for hypersensitivity reactions during and for at least 30 minutes after administration, and until clinically stable.

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: 12-8-23