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**
- [ ] SH Gerber  [ ] SH Lemmen Holton (GR)
- [ ] SH Helen DeVos (GR)  [ ] SH Pennock
- [ ] SH Reed City  [ ] SH United Memorial
- [ ] SH Ludington  [ ] SH Zeeland

**Provider Specialty**
- [ ] Allergy/Immunology  [ ] Infectious Disease
- [ ] Cardiology  [ ] Internal Med/Family Practice
- [ ] Gastroenterology  [ ] Nephrology
- [ ] Genetics  [ ] Neurology
- [ ] Pulmonary  [ ] Otolaryngology
- [ ] Rheumatology  [ ] Urology
- [ ] Surgery  [ ] Oncology
- [ ] Cardiology  [ ] Internal Med/Family Practice
- [ ] Gastroenterology  [ ] Nephrology
- [ ] Genetics  [ ] Neurology
- [ ] Pulmonary  [ ] Otolaryngology
- [ ] Rheumatology  [ ] Urology
- [ ] Surgery  [ ] Oncology

**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

**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**

<table>
<thead>
<tr>
<th>Test</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin + Hematocrit (H+H)</td>
<td>Every _____ days</td>
<td>Until date: __________</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>_____ # of Treatments</td>
</tr>
<tr>
<td>Ferritin, Blood Level</td>
<td>Every _____ days</td>
<td>Until date: __________</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>_____ # of Treatments</td>
</tr>
</tbody>
</table>

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.

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

Labs (continued)

<table>
<thead>
<tr>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every ___ days</td>
<td>Until date: ______</td>
</tr>
<tr>
<td>Once 4 weeks post 2nd infusion</td>
<td>1 year</td>
</tr>
<tr>
<td>Once</td>
<td>______ # of Treatments</td>
</tr>
</tbody>
</table>


Iron and Iron Binding Capacity Level

<table>
<thead>
<tr>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every ___ days</td>
<td>Until date: ______</td>
</tr>
<tr>
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<td>1 year</td>
</tr>
<tr>
<td>Once</td>
<td>______ # of Treatments</td>
</tr>
</tbody>
</table>


Additional Lab Orders

<table>
<thead>
<tr>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every ___ days</td>
<td>Until date: ______</td>
</tr>
<tr>
<td>Once</td>
<td>1 year</td>
</tr>
<tr>
<td>______ # of Treatments</td>
<td></td>
</tr>
</tbody>
</table>

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 carboxymaltose 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

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.

EPIC VERSION DATE: 07-16-20

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