



**Spectrum
Health**

**Physician's Orders
FERRIC GLUCONATE
(FERRLECIT) -
ADULT, OUTPATIENT,
INFUSION CENTER**

Page 1 to 2

Patient Name _____

DOB _____

MRN _____

Physician _____

CSN _____

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

- ☐ 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+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

Labs

☒ **Hemoglobin + Hematocrit (H+H)**

Interval

Duration

- ☐ Every ____ days
☐ Once

- ☐ Once
☐ ____ # of treatments

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

☒ **Ferritin, Blood Level**

- ☐ Every ____ days
☐ Once

- ☐ Once
☐ ____ # of treatments

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

☒ **Iron and Iron Binding Capacity Level**

- ☐ Every ____ days
☐ Once

- ☐ Once
☐ ____ # of treatments

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

☒ **Reticulocyte Count with Reticulocyte Hemoglobin**

- ☐ Every ____ days
☐ Once

- ☐ Once
☐ ____ # of treatments

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

☐

- ☐ Every ____ days
☐ Once

- ☐ Until date: _____
☐ 1 year
☐ ____ # of Treatments

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

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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 GLUCONATE
(FERRLECIT) -
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(CONTINUED)
Page 2 to 2**

Patient Name

DOB

MRN

Physician

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Nursing Orders (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 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

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:

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