 <p>LEGACY HEALTH</p>	<p><b>Legacy Day Treatment Unit Provider's Orders</b></p> <p>Adult Ambulatory Infusion Order FERRIC CARBOXYMALTOSE (INJECTAFER)</p>	<p><b>Patient Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Med. Rec. No (TVC MRN Only):</b> _____</p>
<p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>		

**Anticipated Start Date:** \_\_\_\_\_ **Patient to follow up with provider on date:** \_\_\_\_\_

\*\*\*This plan will expire after 365 days, unless otherwise specified below\*\*\*

**Orders expire:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg    **Height:** \_\_\_\_\_ cm

**Allergies:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Diagnosis Codes:** \_\_\_\_\_ (please include primary and secondary diagnosis codes)

**GUIDELINES FOR PRESCRIBING:**

1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.**
2. Labs for iron deficient anemia: CBC, TSAT and Ferritin should be obtained within 30 days of the start of treatment. This is a requirement for some insurance companies. Date labs drawn: \_\_\_\_\_
3. Please place lab orders, or submit results with infusion order

**LABS TO BE DRAWN (orders must be placed in TVC EPIC by ordering provider if TVC provider):**

- Ferritin, serum, Routine, every \_\_\_\_\_(visit)(days)(weeks)(months). **Circle one**
- CBC with differential, Routine, every \_\_\_\_\_(visit)(days)(weeks)(months). **Circle one**
- Iron and TIBC, serum, Routine, every \_\_\_\_\_(visit)(days)(weeks)(months). **Circle one**
- Other: \_\_\_\_\_

**PRE-MEDICATIONS:** Not typically necessary with ferric carboxymaltose (Injectafer) infusions. If you would prefer pre-medications, please specify the medication below:


- Other: \_\_\_\_\_, 30 minutes prior to infusion, every visit
- No routine pre-medications

**MEDICATIONS:**

- ferric carboxymaltose (INJECTAFER) 15 mg/kg (maximum 750 mg) in NaCl 0.9% 250 mL over 15 minutes**

**Interval: (must check one)**

- Once
- 2 doses at least 7 days apart

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**AS NEEDED MEDICATIONS:**


- acetaminophen 650 mg oral, EVERY 4 HOURS AS NEEDED for headache, fever, chills or malaise
- diphenhydramine 25 mg oral, EVERY 4 HOURS AS NEEDED for itching
- sodium chloride 0.9% 500 mL IV, AS NEEDED x 1 dose for iron infusion tolerability. Give concurrently with ferric carboxymaltose

**NURSING ORDERS (TREATMENT PARAMETERS):**

1. Treatment parameters every visit: hold ferric carboxymaltose and notify provider if ferritin greater than 300
2. Remind patient to contact provider to set up lab draw, approximately 4 weeks after completion of treatment
3. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters
4. Nursing communication order, every visit: Monitor patient for potential adverse effects (ADEs) during and after infusion: ADEs may include hypersensitivity reactions and hypertension.
5. Nursing communication orders, every visit: Manage hypersensitivity reactions per LH 906.6606.
6. Nursing communication orders, every visit: Monitor for signs and symptoms of hypersensitivity during infusion and 30 minutes following completion

**HYPERSENSITIVITY MEDICATIONS:** Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients

1. diphenhydramine 25-50 mg IV, AS NEEDED x1 for hypersensitivity reaction
2. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
3. hydrocortisone 100 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
4. epinephrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
5. naloxone (Narcan) 0.4 mg IV, AS NEEDED x1 dose for diminished respiratory rate
6. sodium chloride 0.9% 1000 mL IV, AS NEEDED x 1 dose for alteration in hemodynamic status
7. meperidine 12.5-25 mg IV, AS NEEDED x 2 for rigors
8. Nursing communication order, every visit: Please follow treatment algorithm for acute infusion reaction

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Please check the appropriate box for the patient's preferred clinic location:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Legacy Day Treatment Unit</b><br>700 NE 87 <sup>th</sup> Avenue, Suite 360<br>Vancouver, WA 98664<br>Phone number: 360-896-7070<br>Fax number: 360-487-5773                     | <input type="checkbox"/> <b>Legacy Silverton STEPS Clinic</b><br>Legacy Silverton Medical Center<br>342 Fairview Street<br>Silverton, OR 97381<br>Phone number: 503-873-1670<br>Fax number: 503-874-2483 |
| <input type="checkbox"/> <b>Legacy Salmon Creek<br/> Day Treatment Unit</b><br>2121 NE 139 <sup>th</sup> Street, Suite 110<br>Vancouver, WA 98686<br>Phone number: 360-487-1750<br>Fax number: 360-487-5773 | <input type="checkbox"/> <b>Legacy Emanuel Day Treatment Unit</b><br>501 N Graham Street, Suite 540<br>Portland, OR 97227<br>Phone number: 503-413-4608<br>Fax number: 503-413-4887                      |

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Organization/Department:** \_\_\_\_\_