



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the **x** to remove the pre-checked option.

IRON - FERRIC CARBOXYMALTOSE (INJECTAFER) IVPB [11500556] Columbia Network Infusion Centers

Select Location: ☐ Southwest/Vancouver ☐ St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- ☒ **I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Labs	Interval
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- | | |
|---|------|
| <input checked="" type="checkbox"/> Physician Communication | Once |
| <i>Provider to send most recent Ferritin and/or Iron Deficiency Panel Lab results with completed order.</i> | |

Supportive Care	Interval
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- | | |
|--|-----------|
| <input checked="" type="checkbox"/> FERRIC CARBOXYMALTOSE IVPB 750 mg IV every 7 days x 2 doses | Route: IV |
| <i>Monitor patient for signs and symptoms of hypersensitivity DURING INFUSION AND FOR AT LEAST 30 MINUTES AFTER INFUSION. Hypersensitivity symptoms may include: anaphylaxis, flushing, dyspnea, tachycardia, and increased blood pressure. For patients weighing less than 50 kg, the dose will be updated to 15 mg/kg.</i> | |
| <input checked="" type="checkbox"/> SODIUM CHLORIDE 0.9 % IV BOLUS | PRN |
| Route: IV | |
| <i>IV site discomfort May use 250 ml NS at 100ml/hr. Run concurrent with iron infusions as needed.</i> | |

Nursing Orders	Interval
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- | | |
|---|--------------|
| <input checked="" type="checkbox"/> Nursing Communication | Every 7 days |
| <i>Monitor patient for signs and symptoms of hypersensitivity DURING INFUSION AND FOR AT LEAST 30 MINUTES AFTER INFUSION. Hypersensitivity symptoms may include: anaphylaxis, flushing, dyspnea, tachycardia, and increased blood pressure.</i> | |
| <input checked="" type="checkbox"/> Nursing Communication | Every visit |
| <i>Discontinue therapy plan when treatment complete.</i> | |

Vascular Access (single select)	Interval
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- | | |
|---|-------------|
| <input type="radio"/> IV | Every Visit |
| <ul style="list-style-type: none">- Insert peripheral IV- sodium chloride (NS) flush 10 mL10 mL As Needed for Line Care | |
| <input type="radio"/> Central line (non-PICC) | Every Visit |
| <ul style="list-style-type: none">- Access vascular device and confirm patency | |

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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IRON - FERRIC CARBOXYMALTOSE (INJECTAFER) IVPB

- Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- PICC line Every Visit
- Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications

Interval

- | | | |
|---|-----|-----------|
| ○ sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care | PRN | Route: IV |
| ○ sodium chloride 0.9 % bolus 500 mL
500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr) | PRN | Route: IV |

Emergency Medications

Interval

- | | | |
|---|-----|-------------------|
| X albuterol 90 mcg/actuation inhaler 2 puff
2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available. | PRN | Route: Inhalation |
|---|-----|-------------------|

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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- X methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg PRN Route: IV
125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist, and notify provider.
- X EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg PRN Route: Intramuscular
0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (≥ 40 points in SBP), shortness of breath with wheezing and O2Sat $<90\%$), and notify provider.

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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IRON - FERRIC CARBOXYMALTOSE (INJECTAFER) IVPB