-	Legacy Day Treatment Unit Provider's Orders	Patient Name:				
	FIONIGEI S OTGETS	Date of Birth:				
LEGACY HEALTH	Adult Ambulatory Infusion Order	Med. Rec. No (TVC MRN Only):				
	FERRIC CARBOXYMALTOSE (INJECTAFER)					
	· · ·					
	ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE					
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:						
Diagnosi	s:					
Diagnosi	s Codes:	(please include primary and secondary diagnosis codes)				
-						
GUIDELII	NES FOR PRESCRIBING:					
 Send FACE SHEET, INSURANCE CARD and most recent provider chart or progress note. 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: Please place lab orders, or submit results with infusion order 						
LABS TO	BE DRAWN (orders must be place	ced 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						
_	on and TIBC, serum, Routine, every her:	(visit)(days)(weeks)(months). Circle one				
PRE-MEDICATIONS: Not typically necessary with ferric carboxymaltose (Injectafer) infusions. If you would prefer pre-medications, please specify the medication below:						
) 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

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

AS NEEDED MEDICATIONS:

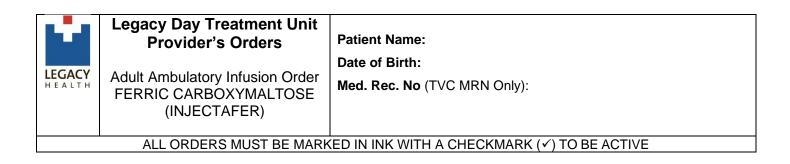
- acetaminophen 650 mg oral, EVERY 4 HOURS AS NEEDED for headache, fever, chills or malaise
- diphenhydramine 25 mg oral, EVERY 4 HOURS AS NEEDED for itching
- sodium chloride 0.9% 500 mL IV, AS NEEDED x 1 dose for iron infusion tolerability. Give concurrently
 with ferric carboxymaltose

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



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

Legacy Day Treatment Unit

700 NE 87th Avenue, Suite 360 Vancouver, WA 98664 Phone number: 360-896-7070 Fax number: 360-487-5773

Legacy Salmon Creek Day Treatment Unit 2121 NE 139th Street, Suite 110 Vancouver, WA 98686 Phone number: 360-487-1750

Fax number: 360-487-5773

Legacy Silverton STEPS Clinic

Legacy Silverton Medical Center 342 Fairview Street Silverton, OR 97381 Phone number: 503-873-1670 Fax number: 503-874-2483

□ Legacy Emanuel Day Treatment Unit

501 N Graham Street, Suite 540 Portland, OR 97227 Phone number: 503-413-4608 Fax number: 503-413-4887

Provider signature:	Date/Time:	
Printed Name:	Phone:	_ Fax:
Organization/Department:		