



Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Date of Last Infusion \_\_\_\_\_  
 Insurance: \_\_\_\_\_

Clinic Location:  
 Merrimack, NH   
 Concord, NH

### Ferumoxytol (Feraheme®) Infusion Orders

<b>Diagnoses-</b> please provide ICD-10 and description in spaces provided		
<b>BOTH PRIMARY AND SECONDARY DIAGNOSES ARE REQUIRED</b>		
_____ Iron Deficiency Anemia (ICD-10)	<b>AND</b>	_____ Description of underlying disease
_____ Chronic Kidney Disease: Stage _____ (ICD-10)	<b>AND</b>	<input type="checkbox"/> D63.1 Anemia in CKD
_____ Description of underlying disease (ICD-10)	<b>AND</b>	<input type="checkbox"/> D63.8 Anemia in Chronic Disease
Other: (BOTH primary and secondary dx including ICD-10 codes): _____		

**Nursing Orders:**

- Hold infusion and notify provider for:
  - Signs or symptoms of illness or active infection
  - Hypotension (SBP less than 90 mmHg).
  - History of allergy to other IV iron product
- Place patient in reclined or semi-reclined position.
- Record vital signs before and after infusion, or at least every 30 minutes.
- Instruct patient to complete follow-up lab testing as ordered below
- If infusion-related reaction occurs, stop infusion and initiate Hypersensitivity Reaction Management Protocol as clinically indicated.

**Pre-medications:** (consider in presence of risk factors for hypersensitivity reaction i.e. multiple drug allergies).

- Solu-Medrol 125 mg IVP once 30 minutes prior to infusion     Other: \_\_\_\_\_

Administer **Feraheme 510 mg** in 100 ml 0.9% sodium chloride over 15-30 minutes.

**Frequency:**

- Repeat dose in 3-8 days for a **total of TWO doses**     Single dose only

**Observation Period:**

- Monitor patient for hypersensitivity reaction for a period of 30 minutes following each infusion.
- Record vital signs prior to discharge.

Provider name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Time: \_\_\_\_\_