



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 DERISOMALTOSE (MONOFERRIC) IVPB [11501067] 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
<input checked="" type="checkbox"/> Physician Communication <i>Provider to send most recent CBC w/ DIFF, Iron, and Ferritin Lab results with completed order.</i>	Once

Supportive Care	Interval
<input checked="" type="checkbox"/> FERRIC DERISOMALTOSE (MONOFERRIC) IVPB Dose _____ Frequency _____	Route: IV
<input checked="" type="checkbox"/> SODIUM CHLORIDE 0.9 % IV BOLUS <i>IV site discomfort, May use 250 ml NS at 100ml/hr. Run concurrent with iron infusion as needed.</i>	Route: IV

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <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>	Every 7 days
<input checked="" type="checkbox"/> Nursing Communication <i>Discontinue therapy plan when treatment complete.</i>	Every visit

Vascular Access (single select)	Interval
<input type="radio"/> IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	Every Visit
<input type="radio"/> Central line (non-PICC) - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i>	Every Visit

Provider Signature	Date	Time
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Provider's Printed Name: _____

Place Patient Label Here

- 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 every visit
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, 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

O 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, 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	Route
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- | | | |
|---|-----|-----------|
| <input type="radio"/> sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care | PRN | Route: IV |
| <input type="radio"/> 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	Route
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- | | | |
|---|-----|-------------------|
| <input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg
25-50 mg Once As Needed For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg I dose for a total of 50 mg, and contact provider. | PRN | Route: IV |
| <input checked="" type="checkbox"/> 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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EHR5033-DT (06/19/2024)

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