



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

IRON - FERRIC CARBOXYMALTOSE (INJECTAFER) IVPB [11500556] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height _____ Weight _____

Provider Communication Orders	Interval
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<input type="checkbox"/> Physician Communication	Once
<i>Starting when released Order one CBC with Differential, Iron, and Ferritin prior to patient starting treatment.</i>	

<input type="checkbox"/> Provider Communication	Once
<i>Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.</i>	

Supportive Care	Interval	Route:
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<input type="checkbox"/> FERRIC CARBOXYMALTOSE IVPB ORDERABLE	_____	Route: _____
<i>Starting when released, For 1 dose, Monitor patient for signs and symptoms of hypersensitivity DURING INFUSION AND FOR AT LEAST 30 MINUTES AFTER INFUSION.</i>		
Dose _____ Frequency _____		

<input type="checkbox"/> SODIUM CHLORIDE 0.9 % IV BOLUS	_____	Route: _____
<i>IV site discomfort, Starting when released, May use 250ml NS or 500ml NS at 100ml/hr. Run concurrent with iron infusions as needed.</i>		
Dose _____ Frequency _____		

<input type="checkbox"/> SODIUM CHLORIDE 0.9 % IV BOLUS	_____	Route: _____
<i>IV site discomfort, Starting when released, May use 250ml NS or 500ml NS at 100ml/hr. Run concurrent with iron infusions as needed.</i>		
Dose _____ Frequency _____		

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

<input type="checkbox"/> Insert peripheral IV	PRN
<i>Starting when released</i>	

<input type="checkbox"/> Access & Use Central Line/CVAD	PRN
<i>Starting when released Access vascular device and confirm patency.</i>	

<input type="checkbox"/> Access & Use Central Line/CVAD	PRN
<i>Starting when released Access vascular device and confirm patency.</i>	

Provider Signature	EHR User ID	Date	Time
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Initials _____

Place Patient Label Here

<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	Initiate Central Line (Non-PICC) Maintenance Protocol <i>Starting when released</i>	PRN	
<input type="checkbox"/>	Initiate PICC Maintenance Protocol <i>Starting when released</i>	PRN	
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care prior to medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	Nursing Communication <i>Starting when released Change PICC line dressing weekly and as needed.</i>	PRN	
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care post medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care prior to medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care post medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care at discharge and de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	heparin, porcine (PF) 100 unit/mL flush 500 Units <i>Line Care, for de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line Care, 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 by 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.</i>	PRN	Route: Intra-Catheter
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line care, 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 by 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</i>	PRN	Route: Intra-Catheter

PRN Medications		Interval	
<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>10 mL As Needed IV Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % bolus 500 mL <i>500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Emergency Medications		Interval	
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Provider Signature	EHR User ID	Date	Time
Initials			

diphenhydrAMINE (BENADRYL) injection 25-50 mg PRN Route: IV
25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, 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 25mg IV dose for a total of 50 mg, and notify provider

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

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 (\geq 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose

EPINEPHrine (ADRENALIN) injection 0.5 mg PRN Route: Intramuscular
0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (\geq 40 points in SBP), shortness of breath with wheezing and O2Sat $<$ 90%), and notify provider, For 1 dose

Provider Signature EHR User ID Date Time

Initials

Place Patient Label Here

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Prog & Orders