



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> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> | Every Visit |

| | | |
|--------------------|------|------|
| Provider Signature | Date | Time |
|--------------------|------|------|

Provider's Printed Name: _____

Place Patient Label Here

- 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
- 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, 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 |
|-----------------|----------|
|-----------------|----------|

- | | | |
|---|-----|-----------|
| <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 |
|-----------------------|----------|
|-----------------------|----------|

- | | | |
|---|-----|----------------------|
| <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 |
| <input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg 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. | PRN | Route: IV |
| <input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg 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 contact provider. | PRN | Route: Intramuscular |

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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