

**DOCTOR'S ORDER SHEET –
PHARMACY – INJECTAFER (Ferric Carboxymaltose)**

Allergies: <input type="checkbox"/> NKA		Height _____ Weight _____ kg	
****UNAPPROVED ABBREVIATIONS****			
QD, QOD, MgSO ₄ , MSO ₄ , MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero(Xmg)			
DATE	TIME	ORDERS	NURSE SIGNATURE
		<input type="checkbox"/> Assign to Outpatient status	
		PREMEDICATIONS:	
		0.9% sodium chloride (NS) IV at KVO	
		<input type="checkbox"/> No pre-medications necessary	
		<input type="checkbox"/> methylprednisolone sodium succinate injection _____mg IV x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____mg IV x1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> acetaminophen 650mg PO x 1 dose 30 mins prior to infusion	
		MEDICATION:	
		Injectafer (ferric carboxymaltose) in 0.9% NS 250ml IV infusion	
		Dose: <input type="checkbox"/> ≥50kg: 750mg	
		<input type="checkbox"/> <50kg: 15mg/kg = Total Dose _____mg	
		Route: Intravenous	
		Frequency: Give 2 doses separated by at least 7 days	
		Infusion Duration: 1 hour	
		<i>If infusion-related reaction:</i>	
		1.) STOP infusion immediately;	
		2.) Increase 0.9% sodium chloride (NS) infusion to wide open rate;	
		3.) Administer PRN medications per infusion reaction medication ordered;	
		4.) Call Max Cart;	
		5.) Notify MD	
		INFUSION REACTION MEDICATIONS:	
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution)	
		(Note: dilute with 2.5ml of NS for an albuterol 2.5mg/3ml dose)	
		<i>Dose: 2.5mg via nebulizer as needed for shortness of breath/wheezing</i>	
		diphenhydrAMINE injectable	
		<i>Dose: 25mg IV x 1 dose for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved</i>	
		EPINEPHrine 1mg/ml (1:1000) injectable	
		<i>Dose: 0.3mg IM x1 dose as needed for anaphylaxis</i>	
		methylPREDNISolone sodium succinate 125mg injection	
		<i>Dose: 125mg IV x1 dose as needed for hypersensitivity</i>	
		NURSING ORDERS:	
		• Baseline labs: Hemoglobin, hematocrit, serum ferritin, and iron saturation	
		• Monitor infusion site for extravasation	
		• Monitor patient for signs/symptoms of hypersensitivity during infusion and for 60 mins post-infusion	
		• Discontinue IV line when therapy complete and patient stabilized	

REFERENCES: *Injectafer Prescribing Information* **USE BALL POINT PEN FAX TO PHARMACY**

Qualified Medical Provider signature

Date

Time

