CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page

SJH IRON INTERCHANGE FERUMOXYTOL (FERAHEME)

version 4/20/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (120 MIN)**			
☑	Infusion Appointment Request	Every 5 days	S	Until discont'd

Appointment Request (continued)

		Interval	Defer Until	Duration
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			
☑	**SJH ONCBCN LAB APPOINTMENT REQUEST**			
☑	Oncology Lab Appointment Request	Once	S+83	1 treatment
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 15 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB IRON STUDIES (CBC OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☑	Iron and TIBC	Once	S+83	1 treatment
	No details available for preview			
☑	Ferritin	Once	S+83	1 treatment
	No details available for preview			
☑	Reticulocyte count	Once	S+83	1 treatment
	No details available for preview			
☐	CBC with Automated Diff	Once	S+83	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Once	S+83	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	Iron, serum	Once	S+83	1 treatment
	No details available for preview			
☑	Vitamin B12	Once	S+83	1 treatment
	No details available for preview			
☑	Folate	Once	S+83	1 treatment
	No details available for preview			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Once	S+83	1 treatment

Labs (continued)

		Interval	Defer Until	Duration
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Once	S+83	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Once	S+83	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			

Nursing Communication

		Interval	Defer Until	Duration
☐	**SJH ONCBCN NURSING COMMUNICATION IRON**			
☐	Nursing Communication	Every visit	S	Until discont'd
	Wait 30 minutes after premeds before administering the iron product.			

Flush Line

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 50 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) bolus	Every visit	S	Until discont'd
	500 mL, intravenous, As needed, For primary line., Starting at treatment start time, Until Discontinued Infuse at 50 ml/hr for the duration of treatment. May increase or decrease rate as needed.			

Pre-Medications

		Interval	Defer Until	Duration
☐	**SJH ONCBCN PREMED (APAP 650 PO / DIPH 25 IVP / FAMO 20 IVP / METHYLPRED 40 IVP)**			
☐	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	Until discont'd
	650 mg, oral, Once, Starting at treatment start time Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours			
☐	diphenhydrAMINE (BENADRYL) injection 25 mg	Every visit	S	Until discont'd

Pre-Medications (continued)

		Interval	Defer Until	Duration
☐	25 mg, intravenous, Once, Starting at treatment start time famotidine (PF) injection 20 mg	Every visit	S	Until discont'd
☐	20 mg, intravenous, Once, Starting at treatment start time methylPREDNISolone (SOLU-MEDROL) injection 40 mg	Every visit	S	Until discont'd

40 mg, intravenous, Once, Starting at treatment start time

Medications

		Interval	Defer Until	Duration
☐	**ferumoxytol (Feraheme) 2 treatments**			
☐	ferumoxytoL (FERAHEME) 510 mg in sodium chloride 0.9 % (NS) MBP 67 mL IVPB	Every 5 days	S	2 treatments

510 mg, intravenous, Once, Starting 30 minutes after treatment start time

Closely monitor patients for signs and symptoms of serious allergic reactions, including monitoring blood pressure and pulse during administration and for at least 30 minutes following each infusion. May be given 3-8 days apart

K90.9 - intestinal malabsorption, unspecified

D50.0 iron deficient anemia secondary blood loss

		Interval	Defer Until	Duration
☐	**ferumoxytol (Feraheme) 3 treatments**			
☐	ferumoxytoL (FERAHEME) 510 mg in sodium chloride 0.9 % (NS) MBP 67 mL IVPB	Every 5 days	S	3 treatments

510 mg, intravenous, Once, Starting 30 minutes after treatment start time

Closely monitor patients for signs and symptoms of serious allergic reactions, including monitoring blood pressure and pulse during administration and for at least 30 minutes following each infusion. May be given 3-8 days apart.

K90.9 - intestinal malabsorption, unspecified

D50.0 iron deficient anemia secondary blood loss

		Interval	Defer Until	Duration
☐	**ferumoxytol (Feraheme) 4 treatments**			
☐	ferumoxytoL (FERAHEME) 510 mg in sodium chloride 0.9 % (NS) MBP 67 mL IVPB	Every 5 days	S	4 treatments

510 mg, intravenous, Once, Starting 30 minutes after treatment start time

Closely monitor patients for signs and symptoms of serious allergic reactions, including monitoring blood pressure and pulse during administration and for at least 30 minutes following each infusion. May be given 3-8 days apart.

K90.9 - intestinal malabsorption, unspecified

D50.0 iron deficient anemia secondary blood loss

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd
	Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			
☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd
	No details available for preview			
☑	Oxygen Therapy -	PRN	S	Until discont'd
	Clinic Performed, Status: Future, Expected: S, Expires: S+396 Start for any grade of reaction. O2 Delivery Method: Nasal cannula Titrate to saturation of: 92% Indications of O2: Other (see comments)			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Once as needed, Hypersensitivity reaction, Starting when released Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100. Start for any grade of reaction.			
☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution. Give for Grade III - SEVERE/Anaphylaxis Symptoms.			