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 SODIUM FERRIC GLUCONATE (FERRLECIT)

version 4/18/2023

Appointment Request

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (300 MIN)**			
☐	Infusion Appointment Request	1 time a week	S	4 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 300 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (120 MIN)**			
☐	Infusion Appointment Request	1 time a week	S	8 treatments

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

Provider Communication

		Interval	Defer Until	Duration
☑	**SJH PHYSICIAN COMMUNICATION ADD LABS**			
☑	Physician communication order	PRN	S	Until discont'd

No details available for preview

Flushes

		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 ACETAMINOPHEN 30 MIN PRIOR SODIUM FERRIC GLUCONATE**			
☑	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	Until discont'd

650 mg, oral, Once, Starting at treatment start time
Administer 30 minutes prior to Sodium Ferric Gluconate.
Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours. Premed 30-60 minutes before each dose.

☑	**SJH ONCBCN PREMED DIPH 25 IVP/PO SINGLE SELECT**			
◉	diphenhydrAMINE (BENADRYL) injection 25 mg	Every visit	S	Until discont'd

Pre-Medications (continued)

		Interval	Defer Until	Duration
	25 mg, intravenous, Once, Starting when released Administer 30 min prior to Sodium Ferric Gluconate Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.			
◎	diphenhydrAMINE (BENADRYL) capsule 25 mg	Every visit	S	Until discont'd
	25 mg, oral, Once, Starting when released Administer 30 min prior to Sodium Ferric Gluconate.			
☑	**SJH ONCBCN PREMED SOLUMEDROL 40 MG IVP 30 MIN PRIOR SODIUM FERRIC GLUCONATE**			
☑	methylPREDNISolone (SOLU-MEDROL) injection 40 mg	Every visit	S	Until discont'd
	40 mg, intravenous, Once, Starting at treatment start time Administer 30 minutes prior to Sodium Ferric Gluconate. IVP over 2-3 min			
☑	**SJH ONCBCN PREMED (FAM 20 IVP / FAM 20 PO)**			
◎	famotidine (PF) injection 20 mg	Every visit	S	Until discont'd
	20 mg, intravenous, Once, Starting at treatment start time			
◎	famotidine (PEPCID) tablet 20 mg	Every visit	S	Until discont'd
	20 mg, oral, Once, Starting at treatment start time Administer 30 minutes prior to Sodium Ferric Gluconate. (IV or PO).			

Medications

		Interval	Defer Until	Duration
☐	**SJH ONCBCN MEDICATION SODIUM FERRIC GLUCONATE FERRLECIT) 125 MG (8 TX)**			
☐	ferric gluconate (FERRLECIT) 125 mg in sodium chloride 0.9% (NS) IVPB	1 time a week	S	4 treatments
	125 mg, intravenous, Once, Starting when released Not to exceed 2.1 mg/min (duration = 60 min)			
☐	**SJH ONCBCN MEDICATION SODIUM FERRIC GLUCONATE (FERRLECIT) 250 MG (4 TX)**			
☐	ferric gluconate (FERRLECIT) 250 mg in sodium chloride 0.9% (NS) IVPB	1 time a week	S	8 treatments
	250 mg, intravenous, Once, Starting when released Not to exceed 2.1 mg/min Infuse over 4 hours in patients with previous infusion related reactions to iron.			

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑	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
	No details available for preview			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued 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 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.			