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 FERRIC CARBOXYMALTOSE (INJECTAFER)

version 4/20/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (120 MIN)**			
☑	Infusion Appointment Request			

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

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+84	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Once	S+84	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			

Labs (continued)

		Interval	Defer Until	Duration
☐	Hepatic function panel	Once	S+84	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

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

Pre-Medications (continued)

	Interval	Defer Until	Duration
40 mg, intravenous, Once, Starting at treatment start time			

Medications

	Interval	Defer Until	Duration
☐ **SJH ONCBCN THERAPY FERRIC CARBOXYMALTOSE (INJECTAFER) 750 MG**			
☐ ferric carboxymaltose (INJECTAFER) 750 mg in sodium chloride 0.9% (NS) 250 mL IVPB	Once	S	1 treatment
750 mg, intravenous, Once, Starting 30 minutes after treatment start time			
☐ **SJH ONCBCN THERAPY FERRIC CARBOXYMALTOSE (INJECTAFER) 750 MG**			
☐ ferric carboxymaltose (INJECTAFER) 750 mg in sodium chloride 0.9% (NS) 250 mL IVPB	1 time a week	S	2 treatments
750 mg, intravenous, Once, Starting 30 minutes after treatment start time			

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

		Interval	Defer Until	Duration
	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.			