

**Provider Orders for:  
Ferrlecit Infusion**

**Patient Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

= *must check off to order* /  *automatically initiated unless crossed out*

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ kg **HEIGHT** \_\_\_\_\_ cm

**Diagnosis:** Iron deficiency anemia **ICD-10:** \_\_\_\_\_

This order is good for \_\_\_\_\_ # months or until \_\_\_\_\_ (date).

- Height and Weight on Admission
- Vital Signs per protocol
- Oxygen 2L/min via nasal cannula PRN dyspnea

**Tests: (Obtain the following test results prior to Patient arrival to the Infusion Center)**

- CBC
- Ferritin
- TIBC/Fe

**IV Line Patency Maintenance for:**

- NS IV 250 mL at 30 mL/hr
- 3 mL heparin 100 units/mL IV flush PRN central line maintenance; max 3 doses/24hr

**Supportive Medications:**

- SoluMEDROL 40 mg IVP Before Ferrlecit

Other Medications: \_\_\_\_\_

Treatment Order	Total Daily Dose	Route	Schedule
<input type="checkbox"/> Ferrlecit	125 mg	IVPB in 100 mL NS over 60 minutes	Weekly times 8 weeks
<input type="checkbox"/> Ferrlecit	250 mg	IVPB in 250 mL NS over 2 hours	Weekly times 4 weeks
<b>***Maintain direct observation of patient for 30 minutes post Ferrlecit infusion***</b>			

**Other Orders:** \_\_\_\_\_

Authorized Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
83EFERRL 02/19 (for verbal/telephone orders)