

Provider Orders for:
ferumoxytol (Feraheme) Infusion

Patient Name: _____
DOB: _____

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

DATE: _____ TIME: _____

Diagnosis: _____ ICD-10: _____

Ferumoxytol (Feraheme) is contraindicated in patients with history of hypersensitivity to Ferumoxytol or any other IV iron product

This order is good until _____ (date)

- Height and Weight on Admission
- Vital Signs every 15 minutes times 2 post infusion
- Oxygen 2L/min via nasal cannula PRN dyspnea

IV Line Patency Maintenance:

- NS IV 250 mL at 30 mL/hr during infusion
- Flush central line with 5 mL heparin 100 units/mL IV

Supportive Medications:

- SoluMEDROL 40 mg IVP Before Ferumoxytol

Other Medications: _____

Treatment Order:

ferumoxytol (Feraheme)

- First dose:** 510 mg in 50 mL NS IVPB over 15 min times one today
- Second dose:** 510 mg in 50 mL NS IVPB over 15 min times one on ____/____/____ (date)
[Give 2nd dose 3-8 days after 1st dose]

Administer medication with Patient in a reclined or semi-reclined position

- Maintain direct observation of patient for 30 minutes following infusion**

Other Orders: _____

Authorized Prescriber Signature: _____ Date: _____ Time: _____
83EFERAH 02/19 (for verbal/telephone orders)