

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:**

- dexamethasone (Decadron)  12 mg or  20 mg  
 IVPB or  PO Before ferumoxytol (Feraheme)
- diphenhydrAMINE (Benadryl)  25 mg or  50 mg  
 IVPB or  PO Before ferumoxytol (Feraheme)

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 2<sup>nd</sup> dose 3-8 days after 1<sup>st</sup> 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 09/17 (for verbal/telephone orders)