



Ferric Carboxymaltose (Injectafer)

Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Insurance:	Group Number:	Policy Number:
Hospitalization Status:	Patient Weight (kg):	Height (inches):
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
Allergies:		

Send patient demographics/insurance, clinical notes, and test results with orders

Diagnosis Code/Description for treatment: _____

Orders

Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port
☒ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

Two doses of Injectafer generally result in a rise of Hemoglobin by 1 GM. **May repeat cycle in 30 days with a NEW order.**

☒ Ferric Carboxymaltose (Injectafer) 750 MG in 100 mL of 0.9% Normal Saline INTRAVENOUS ONCE over 20 minutes. Follow with a second dose 8 days AFTER initial dose. (J1439 : 1 MG = 1 unit)

Infusion Reaction

☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

Discharge

☒ Discharge home 30 minutes after treatment complete if stable.

Date and Physician Signature

DATE: _____
10232507

TIME: _____

PHYSICIAN'S SIGNATURE