



## Ferric Derisomaltose (Monoferic)

### 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:** \_\_\_\_\_

### Laboratory

CBC WITH DIFFERENTIAL

COMPREHENSIVE METABOLIC PANEL

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

### 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)

### Infusion – Ferric Derisomaltose (Monoferic) [J1437 : 10 MG = 1 unit]

#### **FOR patient weighing 50 kg or GREATER**

Ferric Derisomaltose (Monoferic) 1000 MG in 100 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE over 20 minutes

#### **FOR patient weighing LESS THAN 50 kg**

Ferric Derisomaltose (Monoferic) 20 MG/KG (\_\_\_\_\_ MG) in 100 mL of 0.9% Normal Saline Solution INTRAVENOUS ONCE over 20 minutes

### 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: \_\_\_\_\_  
11202512

TIME: \_\_\_\_\_

Page 1 of 1

**PHYSICIAN'S SIGNATURE**

**DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES**