



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: _____

PHYSICIAN'S SIGNATURE