

 <b>LEGACY</b> HEALTH	<b>Legacy Day Treatment Unit          Provider's Orders</b>  Adult Ambulatory Infusion Order <b>FERUMOXYTOL (FERAHEME)</b>	<b>Patient Name:</b> _____ <b>Date of Birth:</b> _____ <b>Med. Rec. No (TVC MRN Only):</b> _____
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

**Anticipated Start Date:** \_\_\_\_\_ **Patient to follow up with provider on date:** \_\_\_\_\_

**\*\*\*This plan will expire after 365 days, unless otherwise specified below\*\*\***

**Orders expire:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg    **Height:** \_\_\_\_\_ cm

**Allergies:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_ (please include primary and secondary diagnosis codes)

**GUIDELINES FOR PRESCRIBING:**

1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.**
2. Ferumoxytol is contraindicated in patients with a history of allergic reaction to any intravenous iron product.
3. Provider must order and obtain a ferritin prior to patient being scheduled for iron infusion. Labs drawn date: \_\_\_\_\_
4. Ferumoxytol administration may alter magnetic resonance (MR) imaging, conduct anticipated MRI studies prior to use.
5. MR imaging alterations may persist for less than or equal to 3 months following use, with peak alterations anticipated in the first 2 days following administration.
6. If MR imaging is required within 3 months after administration, use T1- or proton density-weighted MR pulse sequences to decrease effect on imaging.
7. Do not use T2-weighted sequence MR imaging prior to 4 weeks following ferumoxytol administration.

**NURSING ORDERS (TREATMENT PARAMETERS):**

1. TREATMENT PARAMETER – For iron deficiency anemia: hold treatment and notify provider if Ferritin greater than 300 ng/mL.
2. VITAL SIGNS – For ferumoxytol infusion: Monitor and record vital signs at conclusion of infusion and immediately prior to discharge.
3. Patient may experience hypotension during infusion, ensure patient is in a reclined or semi-reclined position during the ferumoxytol infusion.
4. Observe for signs or symptoms of hypersensitivity reactions during and for at least 30 minutes following infusion. Hypersensitivity reactions have occurred in patients in whom a previous ferumoxytol dose was tolerated.
5. Instruct patient to set follow up appointment with provider for follow up labs.
6. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters.

**MEDICATIONS:**

ferumoxytol (FERAHEME) in sodium chloride 0.9 %, intravenous, administer over 15 minutes

510 mg, x 2 doses, Administer dose followed by repeat dose 3-8 days after

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**AS NEEDED MEDICATIONS:**

1. sodium chloride 0.9%, 500 mL, intravenous, AS NEEDED x 1 dose for vein discomfort. Give concurrently with ferumoxytol

**HYPERSENSITIVITY MEDICATIONS:** If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Protocol 906.6606, Initiation of Emergency Measures for Adult Oncology and Infusion Clinic Patients). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.

1. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
2. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. albuterol (PROVENTIL HFA) inhaler, 4 puff, inhalation, EVERY 4 HOURS PRN for wheezing
5. 0.9% NaCl, 500 mL, intravenous, CONTINUOUS PRN for hypersensitivity/infusion reaction

Please check the appropriate box for the patient's preferred clinic location:

**Legacy Day Treatment Unit –  
The Vancouver Clinic Building**  
*A department of Salmon Creek Medical Center*  
700 NE 87<sup>th</sup> Avenue, Suite 360  
Vancouver, WA 98664  
Phone number: 360-896-7070  
Fax number: 360-487-5773

**Legacy Emanuel Day Treatment Unit**  
*A department of Emanuel Medical Center*  
501 N Graham Street, Suite 540  
Portland, OR 97227  
Phone number: 503-413-4608  
Fax number: 503-413-4887

**Legacy Salmon Creek Day Treatment Unit**  
Legacy Salmon Creek Medical Center  
2121 NE 139<sup>th</sup> Street, Suite 110  
Vancouver, WA 98686  
Phone number: 360-487-1750  
Fax number: 360-487-5773

**Legacy STEPS Clinic**  
*A department of Silverton Medical Center*  
Legacy Woodburn Health Center  
1475 Mt Hood Ave  
Woodburn, OR 97071  
Phone number: 503-982-1280  
Fax number: 503-225-8723

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Organization/Department:** \_\_\_\_\_