|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Injectafer (ferric carboxymaltose)** | | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  CBC w/ Differential, Iron and TIBC, Ferritin | | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | **ICD10/Secondary Diagnosis:** | | | | **Dialysis Patient**  **Non-Dialysis Patient** | | | | |
| **Height:** | **Weight:** | | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | | **Frequency** | | | | |
| Injectafer (ferric carboxymaltose) 750 mg IV   * **Patient GREATER than 50kg**   Injectafer 15mg/kg   * **Patients LESS than 50kg** * **Ferritin and Iron Studies MUST be done within 7 days of treatment.** | | | | | | Weekly x 2 treatments | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | | |
| **Medication** | | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| Compazine | | | | 10mg | PO | Decadron | | |  | IVP |
| Kytril | | | | 1mg | IVP |  | | |  |  |
| **PRN MEDS:**  N/A | | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided) -**  CBC, Iron and Total Iron Binding Capacity, Ferritin  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | | | | | |
| **LAB** | | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
|  | | |  | | |  | |  | | |
|  | | |  | | |  | |  | | |
| **Provider Communication** | | | | | | | | | | |
| **Dosing:**  - Patients GREATER than 50 kg - Flat Dose of 750 mg  - Patients LESS than 50 kg - 15 mg/kg Ferritin and Iron Studies MUST be done within 7 days of treatment.  **Ferric Carboxymaltose considerations:**   * Emetic risk is Low   Repeat labs no sooner than 30 days after last dose. | | | | | | | | | | |
| **Nursing Communication/Orders** | | | | | | | | | | |
| **Notify** **Provider if**:   |  | | --- | | 1) Hgb/Hct GREATER than or EQUAL to ULN  2) Ferritin GREATER THAN or EQUAL to ULN | | 3) History of prior reaction to Carboxymaltose  4) Ferritin and Iron studies have NOT been done within 7 days of treatment. Patients should be monitored for hypersensitivity reaction during infusion and for 30 minutes post administration. Monitor patients for signs and symptoms of hypertension post administration.  Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion. | | | | | | | | | | | |