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| **Patient:**  **Monoferric (ferric derisomaltose)** | | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  CBC, CMP, Phosphorus, Ferritin, Iron and TIBC | | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | **ICD10/Secondary Diagnosis:** | | | | **Dialysis Patient**  **Non-Dialysis Patient** | | | | |
| **Height:** | **Weight:** | | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | | **Frequency** | | | | |
| ferric derisomaltose (MONOFERRIC) 1,000 mg in sodium chloride 0.9 % 100 mL IVPB | | | | | | 1 treatment | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | | |
| **Medication** | | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| acetaminophen | | | | 650 mg | PO | famotidine | | | 20 mg | IVP |
| dexamethasone | | | | 10 mg | 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, CMP, Phosphorus, Ferritin, Iron and TIBC  **Labs to be drawn by facility:**   **NO LABS REQUIRED** | | | | | | | | | | |
| **LAB** | | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
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| **Provider Communication** | | | | | | | | | | |
| **Use Ferric Derisomaltose when IV iron is required for:** Oral iron not effective, oral iron intoleranceandchronic kidney disease (CKD) without dialysis.  DO NOT give to patients with a history of allergic reactions to ferric derisomaltose or other IV iron products.  Drug is found in Breast Milk, can cause fetal Bradycardia.  **Dosing of Ferric Derisomaltose:**  Pt is GREATER THAN or EQUAL to 50 Kg = 1000 mg flat dose  Pt is LESS THAN 50 Kg = 20 mg/kg  **Additional dose can be given after 56 days provided meets criteria.** | | | | | | | | | | |
| **Nursing Communication/Orders** | | | | | | | | | | |
| Hold treatment and notify provider:  1. HGB GREATER THAN 10  2. AST/ALT GREATER THAN 3x ULN  3. Phosphate LESS THAN LLN  4. Hep B or C positive or status unknown  5. Transferrin Sat GREATER THAN 30% OR GREATER THAN 20% in CKD (Calculate Transferrin Sat: (Serum Iron result/TIBC result) X 100 = Transferrin Sat %)  6. Ferritin GREATER than 500 ng/mL OR GREATER THAN 100 ng/mL in CKD  7. Pregnancy Risk OR Breast Feeding - Drug is found in Breast Milk; can cause fetal bradycardia  8. Do NOT give to patients with a history of allergic reactions to ferric derisomaltose or other IV iron products  9. Monitor vital signs pre, 15-, and 30-min post infusion. Observe patients for at least 30 minutes post infusion or until clinically stable. | | | | | | | | | | |