



Oregon Medical Group
Infusion Center
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Ferric Carboxymaltose/Injectafer Infusion Order

Name: _____ DOB: _____

Diagnosis: _____ ICD-10 Code: _____

___ Less than 50 kg (110 lb): 15 mg/kg in 250 mL 0.9% sodium chloride over 30 minutes (concentration must be greater than or equal to 2 mg/mL), weekly x 2 doses.

___ Greater than or equal to 50 kg (110 lb): 750 mg in 250 mL 0.9% sodium chloride over 30 minutes, weekly x 2 doses.

1. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available and provider authorizes.
2. Vital signs: Initial, Q 15-30 minutes, PRN
3. Pre-medicate with the following medication to help prevent hypersensitivity/allergic reactions (please check). Note: generally not required.

___ No routine pre-medications necessary. Below medications may be given if patient has a reaction and requires pre-medications for future doses.

___ Loratadine (Claritin) 10mg PO ___ with each infusion ___ PRN

___ Cetirizine (Zyrtec) 10mg PO ___ with each infusion ___ PRN

___ Diphenhydramine (Benadryl) 25 mg PO or IV ___ with each infusion ___ PRN

___ Acetaminophen (Tylenol) 650mg PO ___ with each infusion ___ PRN

___ Solu-Medrol 40mg IV prior to infusion ___ with each infusion ___ PRN

4. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain)

___ Slow or stop infusion.

___ Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-medications.

___ If reaction continues, give Solu-Medrol 40mg IV push now

___ If reaction continues, consult MD

Anaphylaxis (wheezing/dyspnea, hypotension, angioedema, chest pain, tongue swelling)

___ Give Epinephrine 0.3 mg IM. Notify MD. May repeat in 5 – 10 mins if no response

5. Hold patient 30 minutes post-infusion to observe for signs and symptoms of reaction.
6. Follow up labs to be drawn 2 weeks after completion of infusions: CBC, Iron

Provider signature: _____ Date: _____

Provider printed name: _____