



# Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

Phone: 541-741-0387 Fax: 541-242-4634

## Ferumoxytol (Feraheme) Orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Date of last Ferritin lab (must be obtained within 90 days prior to start of treatment): \_\_\_\_\_

Result of Ferritin lab: \_\_\_\_\_

Feraheme administration may alter magnetic resonance (MR) imaging, does patient have any anticipated MRI studies in the next 3 months?  No  Yes (If yes is marked, please have patient complete MRI prior to infusion)

### Orders:

Infuse ferumoxytol (Feraheme) 510 mg mixed in 100 mL of 0.9% Sodium Chloride, followed by a second 510 mg dose 3 to 8 days later. Infuse over at least 15 minutes.

1. (Optional) Pre-medications to be given 30 minutes prior to infusion. Note: routine premedication not required for IV iron products. For patients with asthma, multiple drug allergies, or inflammatory arthritis, may consider methylprednisolone prior to the infusion.

OMG Infusion Center Pre-Medication Protocol

#### **OR**

Administer the following routine pre-medications prior to each infusion

Acetaminophen (Tylenol) 650 mg PO

Antihistamine (Select one)

Diphenhydramine (Benadryl) 25 mg PO

Diphenhydramine (Benadryl) 25 mg IV infusion over < 10 mins

Loratadine (Claritin) 10 mg PO

Methylprednisolone (Solu-Medrol) 40 mg IV infusion over < 10 min, not to exceed 50 mg/min

Methylprednisolone (Solu-Medrol) 100mg IV infusion over < 10 min, not to exceed 50mg/min

Ondansetron 4 mg IV **OR**  Ondansetron 8 mg IV

Other: \_\_\_\_\_

2. For infusion reaction (**Must select one to be considered a complete order**)

Acute Infusion Reaction Protocol

Other \_\_\_\_\_

### Nursing Orders:

1. Ferritin must be obtained within 90 days prior to start of treatment. Hold Feraheme and notify provider if Ferritin greater than 300
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available. Patient should be in a reclined or semi-reclined position during the infusion.
3. Vital signs: Initial, End of Infusion, PRN
4. Monitor patients for 30 minutes following infusion for signs or symptoms of hypersensitivity reactions, including monitoring of blood pressure and pulse.
5. Remind patient to contact prescriber's office to set up lab draw, approximately 4 weeks after treatment infusion (if not already ordered/scheduled). Follow-up labs to include Hgb, ferritin, iron, and TSAT. Educate patient that they need to inform their provider/radiologist if a MRI is needed within 3 months of receiving Feraheme that they had received Feraheme.



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Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(NO PROVIDER STAMPS)

Provider's Printed Name: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_