

(Ferumoxytol)



INFUSE ONE

Feraheme infusion orders

Patient Name _____

DOB _____

Phone Number _____

M ____ F ____

DIAGNOSIS *Please provide ICD-10 code*

_____ Iron Deficiency_Anemia

_____ Other

PRE-MEDICATIONS

Acetaminophen 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

_____ (other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

_____ (other)

Feraheme (ferumoxytol) ORDERS

DOSAGE & FREQUENCY

510mg infusion followed by a second 510mg infusion _____ days later

Other: _____

Patient Weight

_____ lbs

_____ kg

NOTES:

ORDERING PROVIDER

Signature _____ Phone _____ Fax _____

Provider _____ Date _____