



INFUSE ONE

(ferric derisomaltose)

# MonoFerric infusion orders

Patient Name

DOB

Phone

M

F

## DIAGNOSIS Please provide ICD-10 code

Iron Deficiency Anemia

(other)

## PRE-MEDICATION

Acetaminophen 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

## MonoFerric (ferric derisomaltose) ORDERS

### DOSAGE & FREQUENCY

1,000mg by IV infusion over at least 20 minutes  
(patients 50kg or more)

20mg/kg actual body weight by IV infusion over  
at least 20 minutes (patients less than 50kg)

### PATIENT WEIGHT

lbs.

kg

## NOTES

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date

Provider

Phone

Fax