



INFUSE ONE

Feraheme (ferumoxytol) Infusion Orders

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code) _____

Secondary diagnosis (please provide ICD10 code): _____

Please choose one: Oral Iron Intolerance OR Lack of response to oral iron

NKDA Allergies: _____

Ordering Provider: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

PRE-MEDICATION

- Acetaminophen 1000mg PO
- Diphenhydramine 25mg PO
- Ceterizine 10mg PO
- Solu-Medrol 125mg IVP Solu-PO
- Cortef 100mg IVP
- Diphenhydramine 25mg IVP

REQUIRED TESTING/LABS

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached
- Recent Labs: CBC, Ferritin, Iron Studies

FERAHEME Dose &

Frequency:

- Feraheme** 510mg infusion x 1 dose
- Feraheme** 510mg infusion x 2 doses (3-8 days apart)

Infuse One Standing Orders:

- Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date