

**OP Ferumoxytol (Feraheme)  
Referral**



Place Patient Label  
Inside This Box

**\*\*\* This section refers to the entire plan. If individual orders need a different interval, please indicate in each section below\*\*\*** **Version 6/2021**

Date of Infusion: _____	Lead Physician: _____
Patient Name: _____	Date of Birth: _____
Patient SSN (if available): _____	Contact Number: _____
Insurance Name: _____	Policy Number: _____
Secondary Insurance: _____	Policy Number: _____
Diagnosis Code: _____	Precertification: <input type="checkbox"/> Initiated <input type="checkbox"/> Complete
Diagnosis Code Description: _____	Location to be Performed:
	<input type="checkbox"/> Moore Regional Hospital (MRH)
	<input type="checkbox"/> Montgomery Memorial Hospital (MMH)
Interval _____ Day _____ of every _____ month	Next Due Date _____
Minimum Separation _____ days / weeks (circle one)	Duration: <input type="checkbox"/> Until discontinued <input type="checkbox"/> _____ Treatments
	<input type="checkbox"/> Until _____

Nursing Orders	Interval	Duration
<input type="checkbox"/> Nursing communication Until discontinued, For Until specified USE IV NORMAL SALINE ONLY - KVO. Record Vital Signs ( Pulse and Blood Pressure ) before and after each infusion and PRN with any changes in patient condition. Monitor for hypersensitivity reactions during and for AT LEAST 30 MINUTES after end of infusion.	_____	_____
<input type="checkbox"/> Insert peripheral IV Once	_____	_____

Picc Access And Flush Orders	Interval	Duration
<input type="checkbox"/> PICC Line Access Once	_____	_____
<input type="checkbox"/> Heparin, porcine (PF) 10 unit/mL injection 50 Units 50 Units, intravenous, As needed, line care	_____	_____

Vascular Access Device (cvc) Access and Flush Orders	Interval	Duration
<input type="checkbox"/> Central Venous Catheter (CVC) access Once	_____	_____
<input type="checkbox"/> Heparin, porcine (PF) injection 500 units, IV once 500 Units, intravenous, For 1 Occurrences	_____	_____

Pre-Medications	Interval	Duration
<input type="checkbox"/> Sodium chloride 0.9 % infusion 500 mL 500 mL, intravenous, at 10 mL/hr, Once Carrier Fluid	_____	_____

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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Medications	Interval	Duration
<input type="checkbox"/> ferumoxytol (FERAHEME) 510 mg in sodium chloride 0.9 % 100 mL IVPB 510 mg, intravenous, for 15 Minutes, Once DO NOT MIX WITH OTHER MEDICATIONS OR IV FLUIDS	_____	_____

Infusion Reaction Management		
<input type="checkbox"/> Nursing communication Once, For 1 Occurrences Stop infusion and call physician if adverse reaction occurs.	_____	_____
<input type="checkbox"/> DiphenhydrAMINE (BENADRYL) injection 50 mg 50 mg, intravenous, Once as needed, itching	_____	_____
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 100 mg 100 mg, intravenous, Once as needed, for upper airway swelling,	_____	_____
<input type="checkbox"/> albuterol nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 2 hour PRN, wheezing	_____	_____
<input type="checkbox"/> morphine injection 2 mg 2 mg, intravenous, Once as needed, for rigors/chills	_____	_____
<input type="checkbox"/> EPINEPHrine (ADRENALIN) injection 0.3 mg 0.3 mg, subcutaneous, As needed, anaphylaxis	_____	_____
<input type="checkbox"/> Sodium chloride 0.9 % infusion 500 mL 500 mL, intravenous, for 1 Hours, As needed, for SBP <90	_____	_____
<input type="checkbox"/> Nursing oxygen orders / instructions As needed, Starting S O2 at 2 liters per minute via nasal cannula to maintain sats >93	_____	_____

**For Scheduling Fax Forms to: (910) 715-1177.**

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\* May be used as EPIC Downtime Form