



Injectafer(Ferric carboxymaltose) 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 Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO Solu-Cortef 100mg IVP
- Ceterizine 10mg PO Diphenhydramine 25mg IVP

REQUIRED TESTING/LABS

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

INJECTAFER ORDERS

DOSING AND FREQUENCY:

- Patients > 50kg:** Dose: Injectafer 750mg IV infusion
Frequency: Give 2 doses at least 7 days apart not to exceed 1500mg
- Patients < 50kg:** Dose: Injectafer 15mg/kg IV infusion
Frequency: Give 2 doses at least 7 days apart not to exceed 1500mg
- No Refills

GI Urgent Care of Florida Standing Orders:

- Provide treatment under GI Urgent Care of Florida's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

Hypersensitivity Reactions: Observe for signs and symptoms of hypersensitivity during and after Injectafer administration for at least 30 minutes and until clinically stable following completion of each administration.

Symptomatic Hypophosphatemia: Monitor serum phosphate levels in patients at risk for low serum phosphate who require a repeat course of treatment.

Hypertension: Monitor patients closely for signs and symptoms of hypertension following each Injectafer administration.