



## Monoferric (ferric derisomaltose) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PRE-MEDICATION

- |   |    |   |
|---|----|---|
| <input type="checkbox"/> Acetaminophen 1000mg | PO | <input type="checkbox"/> Solu-Medrol 125mg IVP    |
| <input type="checkbox"/> Diphenhydramine 25mg | PO | <input type="checkbox"/> Solu-Cortef 100mg IVP    |
| <input type="checkbox"/> Ceterizine 10mg PO   |    | <input type="checkbox"/> Diphenhydramine 25mg IVP |

### REQUIRED DOCUMENTS

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

### MONOFERRIC ORDERS

- 50 Kg OR MORE: Administer 1000 mg of Monoferric by intravenous infusion  $\geq 30$  minutes as a single dose
- LESS THAN 50 Kg: Administer Monoferric as 20 mg/kg actual body weight by intravenous infusion  $\geq 30$  minutes as a single dose.

#### 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