



Feraheme (ferumoxytol)
Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Iron deficiency anemia ICD 10 Code: D50.9
- Other Iron Deficiency Anemias ICD 10 Code: D50.8

Required Labs

Pregnancy Test Status & Date: _____

Most recent Hgb & Iron Panel (attach results)

Pre-Medication Orders

- Acetaminophen (Tylenol) 500mg 650mg 1000mg PO
 - Diphenhydramine (Benadryl) 25mg 50mg PO IV
 - Methylprednisolone (Solu-Medrol) 125mg IV
 - Ondansetron (Zofran) 4mg 8mg PO IV
- Other: _____ Route: _____
Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes

Feraheme Medication Order

Patient Weight: _____ KG

Dosage

510 mg IV

Other: _____

Frequency

Day 1, second dose _____ days afterwards

Other _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Location

Eau Claire Weston Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____