



WOODSTOCK HOSPITAL
Woodstock, ON

**PRE-PRINTED PHYSICIAN'S ORDERS
FOR FERRIC DERISOMALTOSE
(MONOFERRIC®) INFUSION
FOR IV INFUSION CLINIC**

PIN NUMBER VISIT NUMBER
PATIENT LAST NAME PATIENT 1ST NAME PATIENT MIDDLE NAME
TELEPHONE
DOB MMM DD YYYY AGE SEX ONT HEALTH CARD NUMBER
FAMILY PHYSICIAN

Fax completed orders to IV Infusion Clinic 519-533-6993

Reason for iron deficiency: _____

Physician to tick inside the box to activate an order. All pre-ticked boxes are considered ordered upon physician signature. All non-activated orders are to be stroked out with a straight line. A blank physician order must be used for any additional orders or late entries.

Code Physician Orders
Pre-infusion Lab Results (within 1 month)

Date Resulted _____ Hgb _____ Ferritin _____ Serum iron _____

Current weight (kg) _____ Patient pregnant Yes No Patient on hemodialysis Yes No

Medications:

Patient has been provided a prescription and instructed to bring ferric derisomaltose vials to each appointment

Vital signs pre and post infusion

Initiate IV saline lock (or use central access device if available)

NaCl 0.9% at 30 mL/hr or _____ mL/hr

Ferric derisomaltose (Monoferric®) _____ mg (dose per course of treatment for this order)

Hemoglobin (g/L)	Total Iron Dose – Maximum dose per course of therapy per order		
	Body weight less than 50 kg	Body weight 50 to 69.9 kg	Body weight 70 kg or greater
100 or greater	500mg	1000mg	1500mg Given in 2 divided doses of 1000mg plus 500mg (7 days apart)
Less than 100	1000mg Given in 2 divided doses of 500mg plus 500mg (7 days apart)	1500mg Given in 2 divided doses of 1000mg plus 500mg (7 days apart)	2000mg Given in 2 divided doses of 1000mg plus 1000mg (7 days apart)

Monitor patient for 30 minutes for side effects or hypersensitivity then discharge home if no reaction

In case of infusion reaction, hold infusion. Restart 15 minutes after symptoms subside at half the rate

If symptoms still present give:

Acetaminophen 650 mg po q4h prn for fever or chills (maximum 4000 mg in 24 hours)

DiphenhydrAMINE 25 mg po/IV direct q4h prn for itching, uticaria, pruritus, hives

Salbutamol 200 mcg (2 puffs) q4h prn via aerochamber for dyspnea or wheezing

Repeat vital signs

Notify MRP STAT

In case of Anaphylaxis reaction:

Hydrocortisone 100 mg IV direct x 1

EPINEPHrine 0.3 mg IM STAT x 1 (may repeat in 5 minutes if unresolved)

Repeat vital signs

Notify MRP STAT

Date/Time Physician Printed Name Physician Signature