



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.

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 treatment (single infusion should not exceed 20mg/kg)		
	Body weight less than 50 kg	Body weight 50 to 74.9 kg	Body weight 75 kg or greater
100 or greater	500mg	1000mg	1500mg
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, urticaria, 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