Weight: ________ kg  Height: ________ cm

Allergies: _________________________________________

Diagnosis Code: _______________________________________

Treatment Start Date: ______________  Patient to follow up with provider on date: ______________

**This plan will expire after 365 days at which time a new order will need to be placed**

GUIDELINES FOR ORDERING
1. Send FACE SHEET and H&P or most recent chart note.
2. Ferritin must be obtained prior to start of treatment. Labs drawn date: ______________

NURSING ORDERS:
1. TREATMENT PARAMETERS – Hold treatment and notify provider if Ferritin greater than 300 ng/mL.
2. Instruct patient to set follow up appointment with provider for follow up labs.
3. Monitor patient for signs and symptoms of hypersensitivity during the infusion and for at least 30 minutes after completion of the infusion.
4. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

MEDICATIONS:

**Ferric Derisomaltose (MONOFERRIC) dosing: (must check one)**
- For weight greater than or equal to 50 kg:
  1,000 mg in sodium chloride 0.9% 100 mL, intravenous, ONCE, over 20 minutes
- For weight less than 50 kg:
  20 mg/kg in sodium chloride 0.9% 100 mL, intravenous, ONCE, over 20 minutes

AS NEEDED MEDICATIONS:
1. sodium chloride 0.9% bolus, intravenous, 500 mL, AS NEEDED x1 dose, for vein discomfort. Give concurrently with ferric gluconate

HYPERSENSITIVITY MEDICATIONS:
1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. **famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction**

**By signing below, I represent the following:**

I am responsible for the care of the patient *(who is identified at the top of this form)*;

I hold an active, unrestricted license to practice medicine in:  
- **Oregon**  
- ____________________ *(check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon)*;

My physician license Number is # ____________________ *(MUST BE COMPLETED TO BE A VALID PRESCRIPTION)*; and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

<table>
<thead>
<tr>
<th>Provider signature: _______________________________</th>
<th>Date/Time: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: _____________________________________</td>
<td>Phone: __________________ Fax: __________</td>
</tr>
</tbody>
</table>

**Central Intake:**

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

**Please check the appropriate box for the patient’s preferred clinic location:**

- **Beaverton**
  - OHSU Knight Cancer Institute
  - 15700 SW Greystone Court
  - Beaverton, OR 97006
  - Phone number: 971-262-9000
  - Fax number: 503-346-8058

- **NW Portland**
  - Legacy Good Samaritan campus
  - Medical Office Building 3, Suite 150
  - 1130 NW 22nd Ave.
  - Portland, OR 97210
  - Phone number: 971-262-9600
  - Fax number: 503-346-8058

- **Gresham**
  - Legacy Mount Hood campus
  - Medical Office Building 3, Suite 140
  - 24988 SE Stark
  - Gresham, OR 97030
  - Phone number: 971-262-9500
  - Fax number: 503-346-8058

- **Tualatin**
  - Legacy Meridian Park campus
  - Medical Office Building 2, Suite 140
  - 19260 SW 65th Ave.
  - Tualatin, OR 97062
  - Phone number: 971-262-9700
  - Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders
<table>
<thead>
<tr>
<th>ACCOUNT NO.</th>
<th>MED. REC. NO.</th>
<th>NAME</th>
<th>BIRTHDATE</th>
</tr>
</thead>
</table>

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.