



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Ferric Carboxymaltose (Injectafer)

Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Diagnosis: _____ ICD-10: _____
Allergies: _____

Weight used for calculations: _____ kg
Nursing to obtain actual weight prior to each treatment, document, and notify pharmacy of any changes

If weight 50 kg (110 lbs) or greater please check one of the following boxes:

- Ferric carboxymaltose 750mg in 250mL 0.9% NS IVPB over 30 min x 1 dose
- Ferric carboxymaltose 750mg in 250mL 0.9% NS IVPB over 30 min x 2 doses, at least 7 days apart
- Other _____

If weight is less than 50 kg (110 lbs) please check one of the following boxes:

- Ferric carboxymaltose x 15mg/kg x _____ kg = _____ mg in 250mL 0.9% NS IVPB over 30 min x 1 dose
- Ferric carboxymaltose x 15mg/kg x _____ kg = _____ mg in 250mL 0.9% NS IVPB over 30 min x 2 doses, at least 7 days apart
- Other _____

Dose rounded to nearest 50mg.

- Flush IV line with 30-50mL 0.9% NaCl following completion of Injectafer infusion
- Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required

For Anaphylactic reactions, check which therapies to be included (patients >40kg):

- Epinephrine 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- Diphenhydramine 50mg IV Push x 1 over 2 minutes
- Sodium Chloride 0.9% 250mL IV x 1 at 250mL/hour

Additional orders: _____

Physician Signature: _____ Print: _____

Date: _____ Phone: _____ Fax: _____