(ferric derisomaltose)

MonoFerric infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Iron Deficiency Anemia ☐ _____ *(other)*

PRE-MEDICATION

☐ Acetaminophen 1000mg PO
☐ Diphenhydramine 25mg PO
☐ Cetirizine 10mg PO
☐ _____ *(other)*

☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ _____ *(other)*

MonoFerric (ferric derisomaltose) ORDERS

DOSAGE & FREQUENCY

○ 1,000mg by IV infusion over at least 20 minutes (patients 50kg or more)

○ 20mg/kg actual body weight by IV infusion over at least 20 minutes (patients less than 50kg)

○ _____

PATIENT WEIGHT

_____ lbs.

_____ kg

NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

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