



Patient Name: _____

Date of Birth: _____

PHYO
CMC84593-001NS Rev. 11/2020

Ferric Gluconate - Therapy Plan

BASELINE PATIENT DEMOGRAPHIC

To be completed by the ordering provider.

NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month

****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

Height and weight

Vital signs

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

Insert peripheral IV

Place PIV if needed or access IVAD if available

lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection

0.2 mL, intradermal, PRN

- when immediate procedure needed
- when procedure will take about 1 minute
- patient / family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream

Topical, PRN

- when more than 60 minutes are available before procedure
- when procedure will take more than 1 hour
- patient/family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch

Topical, PRN

- when 20 - 30 minutes are available before procedure
- when procedure will take more than 1 hour
- when anticipated pain is less than 5 mm from skin surface
- patient /family preference for procedure, starting when released

Key: cm = centimeter; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = polyvinyl chloride



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ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

- lidocaine with transparent dressing 4% kit**
Topical, PRN
 - when 20 - 30 minutes are available before procedure
 - when procedure will take more than 1 hour
 - patient/family preference for procedure

Select One:

- heparin flush**
10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.
- heparin flush**
100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

- sodium chloride flush 0.9% injection**
1 - 20 mL, INTRAVENOUS, PRN, IV line flush
- sodium chloride - pres free 0.9% injection vial**
1 - 30 mL, INTRAVENOUS, PRN, IV line flush

INTRA-PROCEDURE	DEFER UNTIL	DURATION
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- Monitor vital signs every 15 - 30 minutes during ferric gluconate infusion.

Physician communication order

Dose of ferric gluconate: x 4 treatments
Please enter the dose of ferric gluconate in 'mg' to facilitate prior authorization requirements.

- Ferric gluconate 125 mg / mL in sodium chloride 0.9% infusion** _____ For 4 treatments

INTRAVENOUS, at 10 mL / hour, administer over 60 minutes.

Total Dose: _____ mg

- Base**
sodium chloride 0.9%: _____ mL

Concentration: _____ mg / mL

Rate: _____ mg / hr



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Ferric Gluconate - Therapy Plan**ORDERS TO BE COMPLETED FOR EACH THERAPY****INTRA-PROCEDURE****Therapy appointment request****Please select department for the therapy appointment request:**

Expires in 365 days

- Dallas Special Procedures
 Plano Infusion Center
 Dallas Allergy
 Dallas Transplant
 Dallas Neurology

EMERGENCY MEDICATIONS **Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**

- a. Stop the infusion
b. Give diphenhydramine as ordered
c. Check vitals including blood pressure every 5 minutes until further orders from provider.
d. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturations), if not already on one
e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling: **PATIENT IS HAVING ANAPHYLAXIS**

- a. Stop the infusion
b. Call code – do not wait to give epinephrine
c. Give epinephrine as ordered
d. Notify provider
e. Check vitals including blood pressure every 5 minutes until the code team arrives.
f. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation, if not already on one.
g. Give diphenhydramine once as needed for hives
h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team continue to monitor oxygen saturation.

Hypotension is defined as follows:

1 month to 1 year – systolic blood pressure (SBP) less than 70
1 year to 11 years – systolic blood pressure (SBP) less than $70 + (2 \times \text{age in years})$
11 years to 17 years – systolic blood pressure (SBP) less than 90
OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
Baseline systolic blood pressure (SBP) $\times 0.7 =$ value below defined as hypotension.

EPINEPHrine injection
(AMPULE / EPI - PEN JR. / EPI - PEN)

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____



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EMERGENCY MEDICATIONS, CONTINUED

**Cardio / respiratory monitoring rationale for monitoring:
high risk patient (please specify risk)**

(Patient receiving infusion with potential infusion reactions);
heart rate, respiratory rate, oxygen saturation
Rationale for Monitoring: High risk patient (please specify risk)
Parameters: heart rate, respiratory rate, oxygen saturation
Alarm limits: preset to age specified limits

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION, ONCE PRN, for wheezing, but oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST - PROCEDURE

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD. Discontinue PIV prior to discharge on the last day of infusion.

Sodium chloride 0.9% infusion

INTRAVENOUS, at 0 - 25 mL / hr

Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider