



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 procedureAdministration 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



Patient Name: _____

Date of Birth: _____

PHYO
CMC84593-001NS Rev. 11/2020

Ferric Gluconate - Therapy Plan

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
-----------------	-------------	----------

- 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

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



Patient Name: _____

Date of Birth: _____

PHYO

CMC84593-001NS Rev. 11/2020

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:**

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

- Stop the infusion
- Call code – do not wait to give epinephrine
- Give epinephrine as ordered
- Notify provider
- Check vitals including blood pressure every 5 minutes until the code team arrives.
- Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation, if not already on one.
- Give diphenhydramine once as needed for hives
- May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- 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: _____



Patient Name: _____

Date of Birth: _____

PHYO
CMC84593-001NS Rev. 11/2020

Ferric Gluconate - Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

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