



**Palmetto Infusion Services**

**Standard Feraheme Plan of Treatment**

(Re)Certification Period From \_\_\_\_\_ to \_\_\_\_\_

**Note:** We may require MD office notes and may require a letter of Medical Necessity (depending on diagnosis), to be able to verify eligibility and payment for this treatment through patients Medicare and/or other insurance plan.

**Patient's Name** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **HT** \_\_\_\_\_

Allergies: \_\_\_\_\_

Diagnosis:

Iron deficiency Anemia related to CKD, non-ESRD  Other: \_\_\_\_\_

**ORDERS:**

Obtain weight each visit. Vital Signs before and after IVP, then 30 minutes after IVP completed. Instruct patient/caregiver on medications, signs/symptoms of adverse reaction. Assess patient response to therapy. Monitor patient for 30 minutes after IVP completed.

Utilize existing central line for administration, or initiate a peripheral IV with each infusion, prn Normal Saline Flush 5 ml before and after infusion followed by Heparin Lock 1-5ml 100 units/ml as needed per line type.

Pump, tubing, and supplies needed to complete prescribed therapy.

**If adverse drug reaction, Implement the Standing Adverse Reaction protocol.**

**Drug:**

Initial dose: Feraheme 510mg IVP over 17-20 seconds (1ml/sec)

Second dose to be administered 3 to 8 days after the initial dose

Pharmacist to perform clinical drug monitoring.

Physicians Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Dispense as written                      Substitution Permitted

**(No Stamped Signatures please)**

**PLEASE FAX DEMOGRAPHICS AND INSURANCE INFORMATION TO:**

**TOLL FREE FAX: (866) 872-8920**