	***Generic Substitute Unless Checked ❑**
	ORDERS ARE IN EFFECT UNLESS CROSSED OUT **EXCEPTIONS: ORDERS PRECEDED BY A BOX (❑) REQUIRE A ✓ TO INITIATE ORDER** **ORDERS WITH BLANKS INDICATE ADDITIONAL INFORMATION IS NEEDED**
	* Patient Name / * Date of Birth
* Date	* Diagnosis
	Allergies
* Time	Code Status ❑ Full Code ❑ DNR ❑ Medications Only ❑ Other (SPECIFY)
	Lab Draws ❑ CBC ❑ CMP ❑ Hgb & Hct ❑ Other (SPECIFY)
	Vascular Access ❑ Port ❑ PICC ❑ CVC ❑ Start SL
	Pre Medications **Benadryl** ❑ 25 mg PO ❑ 25 mg IV ❑ 50 mg PO ❑ 50 mg IV **Tylenol** ❑ Tylenol 500 mg PO ❑ Tylenol 650 mg PO ❑ Other (SPECIFY) _____
	❑ Infuse Feraheme/Ferumoxytol 510 mg IV, follow with 10 mL NS flush
	❑ Keep IV in place for 30 minutes after infusion in case of allergic reaction
	❑ Discontinue IV if patient shows no sign of adverse reaction after 30 minutes
	❑ Discharge patient when complete if stable
	❑ Administer 2 treatments as above within 7 – 10 days
	Additional Orders
	* Healthcare Provider's Signature _____

- * Denotes field that must be completed by Healthcare worker
- Note: Consent form must be signed by healthcare provider and patient prior to treatment with this medication

Fax to 503-815-7515

Tillamook Regional Medical Center - Adventist Health

Feraheme Infusion

Outpatient Therapy Services

* 2 3 7 *

Physician Order Form

200840 Rev. 04/2012

[Patient Label]