

ADMIT to Infusion center of EAMC for **Ferric Carboxymaltose (Injectafer) Infusion**

Diagnosis:

- ☐ Iron Deficiency Anemia
☐ Other (specify) _____

Lab

*Labs must be resulted prior to scheduling infusion.

Infusion/Injection Orders

Drug	Fluid	Dose	Route	Dosing Schedule
Ferric Carboxymaltose (Injectafer)	NS 250 mL	mg	IV Infusion	Q1 Week X 2 doses total

Ancillary Treatment/Administrative Procedures

- ❖ Dose <50 kg: 15 mg/kg on day 1; repeat dose after at least 7 days (maximum: 750 mg/single dose; 1,500 mg per course).
- ❖ Dose ≥50 kg: 750 mg on day 1; repeat dose after at least 7 days (maximum: 750 mg/single dose; 1,500 mg per course).
- ❖ Infuse Injectafer over 15 minutes.
- ❖ Monitor vital signs during infusion and 30 minutes after discontinuation. Observe patient for anaphylactic reaction during infusion and for 30 minutes following infusion
- ❖ May use Infusion Center Non-Oncology Standing Orders.

_____	_____	_____
Ordering Physician	Date	Time

**EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Ferric Carboxymaltose (Injectafer) Infusion**

Patient Identification