

Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details	Every visit	S	Until discontin'td
<input type="checkbox"/> For new patients, patients requiring pre-medication, and patients with previous reactions to IV iron, monitor 1 hour following infusion for shortness of breath, wheezing, hypotension, tachycardia, or hives. Details	Every visit	S	Until discontin'td
<input type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, Starting S	Every visit	S	Until discontin'td
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S	Every visit	S	Until discontin'td
<input type="checkbox"/> Discontinue IV Details	Every visit	S	Until discontin'td

Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes before infusion.	Every visit	S	Until discontin'td
<input type="checkbox"/> diphenhydramine (BENADRYL) tablet 25 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes before infusion.	Every visit	S	Until discontin'td
<input type="checkbox"/> diphenhydramine (BENADRYL) injection 25-50 mg 25-50 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes before infusion.	Every visit	S	Until discontin'td
<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 50-100 mg 50-100 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes before infusion.	Every visit	S	Until discontin'td
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, intravenous, once, Starting S, For 1 Doses Administer 30 minutes before infusion. Not covered for medicare patients.	Every visit	S	Until discontin'td
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, oral, once, Starting S, For 1 Doses Administer 30 minutes before infusion.	Every visit	S	Until discontin'td

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> ferumoxytol (FERAHEME) 510 mg in dextrose 5% 50 mL IVPB (RESTRICTED for therapy plans) 510 mg, intravenous, for 15 Minutes, once, Starting S, For 1 Doses This medication is RESTRICTED to administration in the Outpatient setting. Do you attest that the administration of this medication is in an outpatient setting? Is this an ESRD Patient?	Every visit	S	Until discontin'td

Supportive Care

	Interval	Defer Until	Duration
<input type="checkbox"/> promethazine (PHENERGAN) injection 25 mg 25 mg, intravenous, every 4 hours PRN, nausea, vomiting, Starting S	Every visit	S	Until discontin'td

Emergency Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN	S	Until discontin'td

		Interval	Defer Until	Duration
100 mg, intravenous, once PRN, infusion reaction, Starting S, For 1 Doses				
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once PRN, itching, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/>	epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.5 mg 0.5 mL, subcutaneous, once PRN, anaphylaxis, Starting S, For 1 Doses	PRN	S	Until discont'd