



Patient Name: _____

Date of Birth: _____ Weight: _____

IV Access: _____ Height: _____

Allergies: _____

Iron Order Form

Please complete this form and fax to (360)933-1197. Call our office and our clinical pharmacists will be happy to make therapy recommendations.

Diagnoses: Iron Deficiency Anemia secondary to blood loss ICD-10: D50.0
 Iron Deficiency Anemia secondary to inadequate dietary intake ICD-10: D50.8
 Unspecified Iron Deficiency Anemia ICD-10: D50.9
 Other: _____ ICD-10: _____

Screening: Does patient have a history of: drug allergies asthma autoimmune disorder _____
 Is the patient pregnant? Yes No

Medication Orders:

- Iron Sucrose (Venofer): _____ mg IV every _____ days for _____ doses.
(Recommend 100-300 mg per dose, and 1,000 mg per course; optimal frequency is ≤ 3 times weekly)
- Ferric Carboxymaltose (Injectafer): 15 mg/kg (max 750 mg) IV every 7 days for 2 doses
 Alternate instructions: _____
- Other formulation: _____
- ◆ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- ◆ Flush line with 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- ◆ Infusion Reaction Management per Infusion Solutions Protocol as needed.

Nursing Orders:

- ◆ Obtain vital signs before start of therapy.
- ◆ Observe for hypotension and have Infusion Reaction Management kit with NS immediately available.
- ◆ RN to insert Peripheral IV, rotate sites as needed, and remove after completion of therapy.
- Other: _____

Labs:

- CBC w/ diff 1 week after therapy completion every _____
- Serum ferritin 1 week after therapy completion every _____
- TIBC (includes iron & transferritin sat.) 1 week after therapy completion every _____
- Other: _____ every _____

Prescriber Signature

Date

Please Print Name

KEY: ◆ Orders are initiated unless crossed out by provider.
 Box must be checked to initiate order.