

IRON ORDER FORM

PATIENT NAME: _____ DOB: _____ WT: _____ HT: _____

ALLERGIES: _____

DIAGNOSIS

HAS THE PATIENT PREVIOUSLY RECEIVED: ANY IV IRON FORMULATION ☐ NO ☐ YES

BRAND: _____ LAST DOSE DATE: _____

DIAGNOSIS: _____ ICD 10 CODE(S): _____

SCREENING: Does patient have history of: ☐ Drug allergies ☐ Asthma ☐ Autoimmune disorder: _____

Is the patient pregnant? ☐ NO ☐ YES

MEDICATION ORDERS

- ☐ Venofer (iron sucrose): _____ mg IV every 3-7 days for _____ doses. Alternate frequency? _____
(Recommend 100-300 mg per dose, and max 1000 mg per course; optimal frequency \leq 3 times weekly)
- ☐ MonoFerric (ferric derisomaltose): 20 mg/kg (max 1000 mg) IV for 1 dose.
☐ Alternate instructions: _____
- ☐ Injectafer (ferric carboxymaltose): 15 mg/kg (max 750 mg) IV every 7 days for 2 doses.
☐ Alternate instructions: _____
- ☐ FeraHEME (ferumoxytol): 510 mg IV for first dose, followed by a second 510 mg dose 3-8 days later.
- ☐ Other formulation/instructions: _____

STANDARD IV ORDERS

ANCILLARY ORDERS:

- Infusion Reaction Management per Infusion Solutions Protocol.
- Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.
- Flush with 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2 ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).

NURSING ORDERS:

- If no central IV access, RN to insert peripheral IV.
- Obtain weight before each dose
- Monitor vital signs (temp, HR, RR, BP) before therapy, and every 15-30 minutes or with each rate change.
- If an infusion reaction occurs, decrease rate AND monitor vital signs until symptoms subside. If the reaction persists or worsens, stop the infusion, initiate reaction protocol, and notify provider.
- Observe patient for 30 minutes after completion of therapy.

LABS

LAB ORDERS:

- ☐ Prescriber to order follow up labs as needed after Infusion Solutions therapy completed.
(Recommend CBC w/diff, serum ferritin, TIBC at least 2 weeks post treatment)
- ☐ For patients on chronic iron therapy, Infusion Solutions to draw labs: _____

REQUIRED DOCUMENTATION

REQUIRED CLINICAL DOCUMENTS: None

RECOMMENDED CLINICAL DOCUMENTS (provide if available):

- Baseline labs (CBC w/diff, iron panel, ferritin)
- Supporting clinical notes, including past tried and/or failed therapies.

SUPPORTING DOCUMENTS:

- Patient demographic and insurance information.
- Copy of front and back of insurance card if available.
- Patient's medication list.

PROVIDER INFORMATION

PRESCRIBER SIGNATURE (substitution)

PRESCRIBER SIGNATURE (dispense as written)

PRINT NAME (FIRST AND LAST)

DATE