



WOODSTOCK HOSPITAL
Woodstock, ON

**PRE-PRINTED PHYSICIAN'S ORDERS
FOR IRON SUCROSE INFUSION
FOR IV INFUSION CLINIC**

PIN NUMBER _____ VISIT NUMBER _____
 PATIENT LAST NAME _____ PATIENT 1ST NAME _____ PATIENT MIDDLE NAME _____
 TELEPHONE _____
 DOB _____ MMM DD YYYY _____ AGE _____ SEX _____ ONT HEALTH CARD NUMBER _____
 FAMILY PHYSICIAN _____

Fax completed orders to IV Infusion Clinic 519-533-6993

Reason for iron deficiency: _____

Physician to tick inside the box to activate an order. All pre-ticked boxes are considered ordered upon physician signature. All non-activated orders are to be stroked out with a straight line. A blank physician order must be used for any additional orders or late entries.

Code	Physician Orders - Order active for 3 months from order date
	Pre-infusion Lab Results (within 1 month)
	Date Resulted _____ Hgb _____ Ferritin _____ Serum iron _____
	Patient pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Patient on hemodialysis <input type="checkbox"/> Yes <input type="checkbox"/> No
	Medications:
	<input checked="" type="checkbox"/> Patient has been provided a prescription and instructed to bring iron sucrose vials to each appointment; if patient does not bring in own supply of iron sucrose then hospital will provide and patient will be billed for treatment dose
	<input checked="" type="checkbox"/> Vital signs pre and post infusion
	<input checked="" type="checkbox"/> Initiate IV saline lock (or use central access device if available)
	<input checked="" type="checkbox"/> NaCl 0.9% at 30 mL/hr or _____ mL/hr
	<input checked="" type="checkbox"/> Iron sucrose _____ mg (dose in multiple of 100 mg to maximum of 300 mg)
	<input checked="" type="checkbox"/> Administer every _____ <input type="checkbox"/> week(s) or _____ <input type="checkbox"/> month(s) Total number of doses: _____
	Give iron sucrose if:
	<input type="checkbox"/> Hgb is less than _____ (maximum is 130 g/L for male or 120 g/L for non-pregnant female)
	<input type="checkbox"/> Ferritin is less than _____ (maximum is 30 ug/L)
	<input type="checkbox"/> Serum iron is less than _____ (maximum is 8 ug/L)
	<input type="checkbox"/> No parameters (first 2 doses in IV Infusion Clinic then subsequent doses through SW LHIN IV Administration Program)
	In case of infusion reaction, hold infusion and give:
	<input checked="" type="checkbox"/> Acetaminophen 325 mg po q4h prn for fever or chills (maximum 4000 mg in 24 hours)
	<input checked="" type="checkbox"/> DiphenhydrAMINE 25 mg po/IV direct q4h prn for itching, uticaria, pruritus, hives
	<input checked="" type="checkbox"/> Salbutamol 200 mcg (2 puffs) q4h prn via aerochamber for dyspnea or wheezing
	<input checked="" type="checkbox"/> Repeat vital signs
	<input checked="" type="checkbox"/> Notify MRP STAT
	In case of Anaphylaxis reaction:
	<input checked="" type="checkbox"/> Hydrocortisone 100 mg IV direct x 1
	<input checked="" type="checkbox"/> EPINEPHrine 0.3 mg IM STAT x 1 (may repeat in 5 minutes if unresolved)
	<input checked="" type="checkbox"/> Repeat vital signs
	<input checked="" type="checkbox"/> Notify MRP STAT
	Labs:
	<input type="checkbox"/> Patient has outpatient lab requisition for bloodwork
	<input type="checkbox"/> CBC and ferritin prior to each IV iron infusion

Date/Time	Physician Printed Name	Physician Signature
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