



WOODSTOCK HOSPITAL
Woodstock, ON

**PRE-PRINTED PHYSICIAN'S ORDERS
IRON SUCROSE INFUSION
FOR OBSTETRICAL PATIENT**

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 OB Triage 519-421-4268

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	
	Pre-infusion Lab Results (within 1 month)	
	Date Resulted _____	Hgb _____ Ferritin _____ Serum iron _____
	Patient pregnant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Medications:	
	<input type="checkbox"/> Patient has been provided a prescription and instructed to bring iron sucrose vials to each appointment	
	<input type="checkbox"/> Hospital will be providing iron sucrose vials and patient has agreed to pay the co-pay (100mg dose – \$25.00, 200mg dose – \$50.00, 300mg dose – \$75.00)	
	<input checked="" type="checkbox"/> Vital signs pre and post infusion	
	<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: _____	
	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 q4h prn for itching, urticaria, 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 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	
Date/Time	Physician Printed Name	Physician Signature

PLEASE DO NOT WRITE

ORDERS IN THIS AREA