MonthConversion!

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 ☐ Yes ☐ No Patient on hemodialysis ☐ Yes ☐ No
	Medications:
	☑ 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
	☑ Vital signs pre and post infusion
	☑ Initiate IV saline lock (or use central access device if available)
	☑ NaCl 0.9% at 30 mL/hr or _____ mL/hr
	☑ Iron sucrose _____ mg (dose in multiple of 100 mg to maximum of 300 mg)
	☑ Administer every _____ ☐ week(s) or _____ ☐ month(s) Total number of doses: _____
	Give iron sucrose if:
	☐ Hgb is less than _____ (maximum is 130 g/L for male or 120 g/L for non–pregnant female)
	☐ Ferritin is less than _____ (maximum is 30 ug/L)
	☐ Serum iron is less than _____ (maximum is 8 ug/L)
	☐ 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:
	☑ Acetaminophen 325 mg po q4h prn for fever or chills (maximum 4000 mg in 24 hours)
	☑ DiphenhydrAMINE 25 mg po/IV direct q4h prn for itching, uticaria, pruritus, hives
	☑ Salbutamol 200 mcg (2 puffs) q4h prn via aerochamber for dyspnea or wheezing
	☑ Repeat vital signs
	☑ Notify MRP STAT
	In case of Anaphylaxis reaction:
	☑ Hydrocortisone 100 mg IV direct x 1
	☑ EPINEPHrine 0.3 mg IM STAT x 1 (may repeat in 5 minutes if unresolved)
	☑ Repeat vital signs
	☑ Notify MRP STAT
	Labs:
	☐ Patient has outpatient lab requisition for bloodwork
	☐ CBC and ferritin prior to each IV iron infusion

Date/ Time	**Physician Printed Name**	**Physician Signature**