OV_Temp Macro!

WOODSTOCK HOSPITAL
Woodstock, ON

Pre-printed Physician Orders for IV Iron Infusions for IV Infusion Clinic

(Order valid for 3 months from order date)

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

Diagnosis & Reason for use criteria

Diagnosis: (select all that apply)	☐ Diagnosis of iron deficiency anemia ☐ Low iron stores
Reason for Use: (select one)	☐ Insufficient time (4 weeks or less) to evaluate efficacy of oral therapy for upcoming procedure
	☐ Documented intolerance/inadequate response to appropriate trial of oral therapy
	☐ Inability to absorb oral iron

Pre–Infusion Information – to be completed by prescribing clinician (current within 1 month)

Date resulted: (mmm/dd/yyyy) _____ Hgb _____ g/L Ferritin: _____ mcg/L Transferrin saturation ____ %

Current weight (kg) _____ Patient pregnant ☑ No Patient on Hemodialysis ☑ No

☑ Patient has been provided prescription and instructed to bring IV iron vials to each appointment. If IV iron product provided does not match ordered product or dose, treatment will be canceled. A new order form will be needed.

Treatment Orders

☑ Vital signs prior to start and every 30 minutes until end of the infusion

☑ Observe patient for 30 minutes after the infusion is complete; discharge home if no reactions.

☑ Initiate IV saline lock or use central access device if available

☑ NaCl 0.9% at 30 mL/hr

Pre–medication (if required)

☐ Hydrocortisone 100 mg IV x 1 dose

☐ DiphenhydrAMINE 25 mg IV x 1 dose

☐ Famotidine 20 mg IV x 1 dose

☐ Acetaminophen 650 mg PO x 1 dose

IV Iron Treatment (see second page for dosing guidelines) – select only 1 option

☐ Iron Sucrose _____ mg IV every _____ weeks for _____ doses (max 3 doses)

☐ Ferric derisomaltose (Monoferric ®) _____ mg IV (may be divided in 2 doses based on single infusion maximum)

☐ Ferric carboxymaltose (Ferinject ®) _____ mg IV (may be divided in 2 doses based on single infusion maximum)

Infusion Reaction Management

☑ Hold infusion. Restart 15 minutes after symptoms subside at half the rate.

☑ Acetaminophen 650 mg po x 1 (fever, chills, pain)

☑ DiphenhydrAMINE 50 mg IV x 1 (itching, urticaria, pruritus, hives)

☑ Cetrizine 10 mg PO x 1 (itching)

☑ DimenhyDRINATE 50 mg IV/PO x 1 (nausea or vomiting)

☑ Salbutamol 200 mcg (2 puffs) inh x 1 (shortness of breath or wheezing)

☑ Hydrocortisone 100 mg IV x 1 (anaphylaxis reaction)

☑ EPINEPHrine 0.3mg IM x 1 dose. May repeat in 5 min if unresolved (anaphylaxis reaction)

☑ NaCl 0.9% bolus 500 mL x 1 dose over 1 hour (fishbane reactions – low blood pressure, facial flushing, chest tightness, joint pain)

☑ Notify MRP stat

☑ Vital signs as needed until return to baseline

Date: (mmm/dd/yyyy) **Signature:**

Please see reverse for dosing guidelines

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Dosing Charts:

Ferric Derisomaltose (Monoferric ®)

Hemoglobin (g/L)	Total Iron Dose – Maximum dose per course of treatment (single infusion should not exceed 20mg/kg)		
	Body weight less than 50 kg	Body weight 50 – 74.9 kg	Body weight 75 kg or greater
100 or greater	500 mg	1000 mg	1500 mg
Less than 100	1000 mg (2 divided doses 7 days apart)	1500 mg (2 divided doses 7 days apart)	2000 mg (2 divided doses 7 days apart)

Ferric Carboxymaltose (Ferinject ®)

Hemoglobin (g/L)	Total Iron Dose – Maximum dose per course of treatment (single infusion should not exceed 1000 mg)		
	Body weight less than 35 kg	Body weight 35 – 69.9 kg	Body weight 70 kg or greater
140 or greater	500 mg	500 mg	500 mg
100 – 139	500 mg	1000 mg	1500 mg (2 divided doses 7 days apart)
Less than 100	500 mg	1500 mg (2 divided doses 7 days apart)	2000 mg (2 divided doses 7 days apart)