ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN				
Allergies/Reactions:	☐ Puyallup Infusion Center - Fax: 2	53-697-5066	☐ Gig Harbor Infusi	on Services - Fax: 253-530-8069
5	☐ Allenmore Ambulatory Infusion S	Services - Fax: 253-864-4052	☐ DHEC Infusion Ce	enter - Fax: 509-755-5845
	☐ Auburn Infusion Services - Fax: 2	53-876-8282	☐ North Spokane In	fusion Center - Fax: 509-232-2531
ORDERS WITH CHECK BOXES When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.				
Iron Administration Orders (Adult):				
Patient Name:		Requested D	ate of Service:	/
Date of Birth:/	Patient Phone Number: (☐ May leave message
		ICD -10 Code:		
Diagnosis: ☐ Iron Deficiency Anemi				
☐ Other ESA anemia management patient				
Associated ICD-10 code is: D64.9, Z79.899 Required: H&P with documentation to support above diagnosis including ICD-10 code and supporting labs **If required documentation not received with order, scheduling of treatment will be delayed until complete information is available** Parenteral iron products are indicated for patients who have intolerance to or failed oral iron. Was oral iron tried? □ Yes □ No Medical necessity: IV Access: Access and/or maintain IV site in accordance with MHS IV Therapy P&P: Peripheral IV Device Site Selection, Insertion, Maintenance, and Discontinuation; and Maintenance of Central Venous Catheters-Flushing, Dressing Changes and Removal.				
Labs to be obtained: Hgb, ferritin, iron and transferrin saturation, serum creatinine:				
Treatment Regimen: Ferumoxytol (Feraheme) *MHS formulary agent 510 mg infused over 20 minutes every week fordoses (diluted in 100 mL NS) Iron Sucrose (Venofer): 100 mg infused over at least 10 minutes every 48 hours fordoses (may be diluted) 200 mg infused over at least 15 minutes every 48 hours fordoses (may be diluted) 300 mg infused over at least 90 minutes weekly fordoses (diluted in 150 mL NS) Other Other NOTE: PnT approved 6/922 for MHS pharmacists to automatically interchange iron products to a therapeutic equivalent if necessary.				
 ✓ Vital Signs: Check vital signs prior to and at completion of infusion. Contact provider if systolic BP >180; diastolic BP >100; systolic BP <90; HR >110; temp >38C (100.4F) ✓ Special Instructions: If stable 30 minutes post infusion may discharge home. If no infusion-related events with previous 3 infusions may waive post-infusion monitoring and discharge patient home at completion. 				
 If hypersensitivity develops (fever, chills, hypotension, rigors, itching, rash, etc.): Consult MultiCare Hypersensitivity guideline for treatment/management Notify provider of reaction, assessment and need for further orders Epinephrine 0.3 mg IM once prn severe/grade 3 or anaphylaxis per physician order. 				
Code Status: Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.				
Was consent obtained: ☐ Yes ☐ No (if yes, please send DOCUMENTATION of consent with order)				
Provider Signature	Print Name		Date	Time
Another brand of drug, identical in form and content, may be dispensed unless checked Order expires in 12 months**				

Patient Identification - Always Attach Patient Label

Name:

MRN #:

CSN #:

Age / Sex and Gender:

Pre-printed Order
IRON ADMINISTRATION ORDERS
(Adult)
MultiCare

