ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN

Allergies/Reactions:

Fax all infusions to: 833-380-8800

Please mark the appropriate infusion center:

- ❑ Allenmore Infusion Center
- ❑ Auburn Infusion Center
- ❑ Gig Harbor Infusion Services
- ❑ Puyallup Infusion Center
- ❑ DHEC Infusion Center
- ❑ North Spokane Infusion Center
- ❑ North Star Lodge Infusion Center

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 Date of Service: _____ /_____ /_____

Date of Birth: _____ /_____ /_____ Patient Phone Number: (_____) _____ - _____ ❑ May leave message

ICD -10 Code:

Diagnosis: ❑ Iron Deficiency Anemia ❑_____

❑ 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 for _____doses (diluted in 100 mL NS)

❑ Iron Sucrose (Venofer):
- ❑ 100 mg infused over at least 10 minutes every 48 hours for _____doses (may be diluted)
- ❑ 200 mg infused over at least 15 minutes every 48 hours for _____doses (may be diluted)
- ❑ 300 mg infused over at least 90 minutes weekly for _____doses (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

78-4190-6 (Rev. 9/24)