

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 DHEC Infusion Center
 Auburn Infusion Center North Spokane Infusion Center
 Gig Harbor Infusion Services North Star Lodge Infusion Center
 Puyallup 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:

Premed:

- Acetaminophen 650 mg PO Diphenhydramine 25 mg PO

Treatment Regimen:

- Ferric Carboxymaltose (Injectafer) 750 mg IV over 15 minutes every 7 days x 2 doses (undiluted)
 Ferric Gluconate (Ferlecit):
 125 mg IV over 60 minutes every 7 days x _____ doses (diluted in 100 mL NS)
 250 mg IV over 2-4 hours every 7 days x _____ doses (diluted in 250 mL NS)
 Ferumoxytol (Feraheme) 510 mg IV over 30 minutes every 7 days x 2 doses (diluted in 100 mL NS)
 Iron Sucrose (Venofer):
 100 mg IV over 10 minutes every 48 hours for _____ doses (undiluted)
 200 mg IV over 15 minutes every 48 hours for _____ doses (undiluted)
 300 mg IV over 90 minutes every 7 days x _____ doses (diluted in 250 mL NS)
 _____ mg IV over _____ minutes every _____ days x _____ doses
 Iron Dextran (Infed) 1000 mg IV over 60 minutes x 1 dose (diluted in 250 mL NS) *25 mg IV test dose given
 Monoferic (ferric derisomaltose) 1000 mg IV over 20-30 minutes (diluted in 100-500 mL NS) *50 kg or greater
 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)

