

IV Iron Infusion Order Form

Patient Name: _____

Date of Birth: _____

Patient Phone #: _____

Date: _____

Therapy Status: New Start Continuation Restart

Last Dose: _____

Height (inches)	Weight (kg)	Allergies

Diagnosis

ICD-10 Code(s): _____

J Code(s): _____

Labs (Required to be done within 30 days of first dose)

- Labs to be reviewed or ordered by infusion center
- Baseline
 - Iron panel
 - Ferritin
 - Phosphate (required for Injectafer)
 - CBC with Differential
 - Maintenance (every _____)
 -
- Labs reviewed by ordering provider, ok to proceed (Labs last done on _____)
- Other: _____

Provider Information

Single dose regimen is preferred.

Premedication should be avoided unless there is a history of hypersensitivity.

Diphenhydramine has been removed from intravenous iron protocols. Side effects from diphenhydramine may mimic symptoms of an anaphylactic reaction, making it difficult to differentiate a Fishbane reaction from anaphylaxis. Giving diphenhydramine can cause tachycardia and/or hypotension, converting the minor reaction to a more serious event.

Ferric Gluconate (Ferlecit) should be avoided in the obstetrics and breastfeeding population due to benzyl alcohol which is associated with gasping syndrome in premature infants.

Nursing Order

- Obtain blood pressure prior to and at the completion of all iron infusions
- Post infusion monitoring not needed for subsequent infusions unless a reaction has occurred
- For the first iron infusion: Monitor patient for 30 minutes and obtain blood pressure at 30 minutes after the iron infusion

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Pre-Medications	
<input type="checkbox"/> Famotidine 20 mg IV, once	<input type="checkbox"/> Loratadine 10 mg PO, once or Cetirizine 10 mg PO, once (per formulary)
<input type="checkbox"/> Ondansetron 4 mg IV, once	<input type="checkbox"/> Ondansetron 8 mg IV, once
<input type="checkbox"/> Other: _____	

IV Site Orders

- Follow standard protocol for IV site management
- In absence of standard protocol, follow the orders below:
 - Sodium chloride 0.9% infusion 250 mL IV at 20 mL/hr PRN (carrier fluid/KVO)
 - Start peripheral IV or access central line for infusion
 - Sodium chloride 0.9% 10 mL flush to IV site as needed
 - Heparin 50 units/5 mL flush to IV site as needed (central line only)
 - Heparin 500 units/5 mL flush to IV site as needed (central line only)
 - May use alteplase 2 mg intracatheter as needed for negative blood return of IV site

Medication Orders (select only one)

For Patient Weight \geq 50 kg: <input type="checkbox"/> Ferric Carboxymaltose (Injectafer) IV 750 mg x 2 doses at least 7 days apart For Patient Weight < 50 kg: <input type="checkbox"/> Ferric Carboxymaltose (Injectafer) IV 15 mg/kg (_____mg) x 2 doses at least 7 days apart
For Patient Weight \geq 50 kg: <input type="checkbox"/> Ferric Derisomaltose (Monoferic) IV 1000 mg over 35 minutes (for patient weight \geq 50 kg) once For Patient Weight < 50 kg: <input type="checkbox"/> Ferric Derisomaltose (Monoferic) IV 20 mg/kg (_____mg) over 35 minutes (for patient weight < 50 kg) once
<input type="checkbox"/> Ferric Gluconate (Ferrlecit) IV 125 mg over 1 hour, weekly for 8 doses <input type="checkbox"/> Ferric Gluconate (Ferrlecit) IV 250 mg over 1 hour, weekly for 4 doses
<input type="checkbox"/> Ferumoxytol (Feraheme) IV 510 mg over 15 minutes each x 2 doses at least 3-8 days apart <input type="checkbox"/> Ferumoxytol (Feraheme) IV 1020 mg over 30 minutes once
<input type="checkbox"/> Iron Sucrose (Venofer) IV 200 mg x 5 doses within 14 days (may give up to 1 dose per day) <input type="checkbox"/> Iron Sucrose (Venofer) IV 300 mg over 1.5 hours x 2 doses, followed by 400 mg over 2.5 hours, 14 days apart, 3 divided infusions each within a 28-day period <input type="checkbox"/> Iron Sucrose (Venofer) IV ____ mg x ____ doses (max total dose 1000 mg)
<input type="checkbox"/> LMW Iron Dextran (InFed) IV 1000 mg [Administer 25 mg test dose (if no test dose in <6 months). Observe 1 hour. If no sign/symptoms of hypersensitivity reaction, may administer remaining 975 mg over 1 hour] once
To be completed by Infusion Center staff only: Iron Product substitution/Product Dispensed: _____ J-Code: _____

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Rationale for Substitution:

- Payer-mandated substitution
- Financial stewardship
- Patient access / hardship

**Injectafer may be selected per protocol using labeled dosing (750 mg x 2). This represents an alternative iron repletion strategy. Exact cumulative elemental iron may differ from other formulations.

Pharmacy may adjust dose $\pm 10\%$ of ordered dose per approved protocol.

Pharmacy may interchange Iron products and doses based on payer mandate, formulary status, financial stewardship, and patient access based on the therapeutic interchange protocol.

Pharmacy may adjust diluent, volume, and infusion duration in accordance with local practice standards

Emergency / Hypersensitivity Orders

- Notify provider for next steps once patient stabilized
- Follow standard orders for management of allergies and anaphylaxis reactions
- In absence of standard protocol, follow the orders below:
 - Nursing to stop infusion, maintain airway, place supine, elevate legs, O₂ 2 L NC
 - Epinephrine 0.3 mg IM Once PRN anaphylaxis (first-line)
 - Hydrocortisone 100 mg IV Once PRN hypersensitivity
 - Famotidine 20 mg IV Once PRN hives/itching
 - Albuterol inhaler 2 puffs Once PRN wheezing/SOB
 - Normal Saline 1000 mL IV bolus Once PRN hypotension

Infusion Center Staff

Please fax infusion records or discharge summary to: Fax Number _____

Provider Information

Provider Signature: _____ Date: _____

Provider Printed Name: _____ Provider NPI: _____

Provider Address: _____ Phone: _____ Fax: _____

All orders are valid for 1 year from the ordered date unless otherwise indicated