Iron Infusion Orders

(Feraheme/Injectafer/Venofer)

Patient Name: _____DOB: _____Allergies: _____

Diagnosis (ICD10 Code required): _____Secondary DX: _____

Lab Values (w/i 30 days) HGB:_____Iron Panel:_____Ferritin:_____

Medication Orders (check one):

___ Ferumoxytol (Feraheme):

- Feraheme 510mg IV, followed by a second 510mg infusion 3-8 days later.
- Dilute in 50-200 ml 0.9% normal saline or 5% dextrose.
- Infuse for at least 15 minutes.

___Ferric carboxymaltose (Injectafer):

- Patients >50 kg give two 750mg doses, 7 days apart.
- Patients <50 mg give two 15mg/kg doses, 7 days apart.
- Dilute in 250 ml 0.9% normal saline.
- Infuse for over 30 minutes, observe for 30 minutes post infusion.

___ Iron sucrose (Venofer):

__Once every 2-3 days x _____ doses.

__Daily x _____doses; Weekly x_____doses

__Monthly X_____doses

__100 mg/100 ml NS over 30 minutes

__200 mg/200ml NS over 60 minutes

__300mg/250 ml NS over 90 minutes

__400 mg/250 ml NS over 2.5 hrs.

__500mg/250 ml NS over 4 hrs.

Pre-Medications: check all that apply.

___Acetaminophen __650 mg __500 mg __1000mg PO __ Diphenhydramine __25 mg __50 mg PO

___Loratadine 10 mg PO ___Solu-Medrol __40 mg __100mg __125mg IVP

___pre/post hydration 250ml 09 % NS over 30 minutes x1

Hypersensitivity Reaction Protocol:

- **Stop iron infusion and start 0.9% NS 250ml over 30 minutes.**
- **Give Diphenhydramine IVP ___25 mg ___50 mg.**
- **Call physician**

Physician Signature: _____**Date:** _____

Physician Name (please print): _____