

IV IRON INFUSION ORDERS

PATIENT INFORMATION		
Patient Name:	Date of Birth:	M <input type="checkbox"/> F <input type="checkbox"/>
Phone:	Allergies:	

CLINICAL INFORMATION (Please fax a copy of patient's h&p, labs, and med list)	
DX (ICD-10):	IV Access Device:

Sodium Chloride 0.9% Mainline – 250mL. Use as mainline for iron infusion. Refill: PRN

Has this patient received this drug before: yes no

Venofer Order

Venofer (Iron Sucrose) – 1000 mg
SIG: Infuse venofer IV via NS mainline
Dose: 1000 mg, divided into 5 - 200 mg doses within a 15 day period

Alternate dosing: _____

Injectafer Order

Injectafer (Ferric Carboxymaltose) 1500 mg
SIG: Infuse injectafer IV via NS mainline
Dose: 1500 mg, divided into 2 equal doses, separated by at least 7 days (750mg per dose)

Alternate dosing: _____

Skilled Nursing and Labs

- Infuse Alaska skilled nursing to start peripheral IV site (if no central IV access), infuse medications, monitor therapy, obtain vital signs throughout the course of therapy, and perform PRN assessment
- Flush line with Normal Saline according to Infuse Alaska Line Maintenance Protocol Quantity: PRN
- Initiate the first infusion with first dose precautions per Infuse Alaska first dose protocol.

Adverse Side Effect Management Orders:

- For severe allergic reactions or anaphylaxis: stop infusion, initiate hypersensitivity protocol, and contact prescriber. Re-challenge only by prescriber order.

Labs to be drawn (specify frequency): _____

Prescriber Signature: _____ **Date:** _____

Prescriber Name: _____ **NPI:** _____

Prescriber Phone: _____ **Fax:** _____

Fax the following to Infuse Alaska at **888-725-0205**:

¹Completed order, ²Patient demographics, med list and insurance, ³recent clinical note outlining iron history ⁴labs including recent iron panel