

IRON Infusion Orders



Patient Name _____ DOB _____ Gender: M F
Phone _____

DIAGNOSIS (Select a Primary AND Secondary diagnosis): Please provide IDC-10 Code

PRIMARY DIAGNOSIS:

- D50.0 Iron Deficiency (Blood loss Chronic)
- D50.1 Sideropenic Dysphagia
- D50.8 Other Iron Deficiency Anemia
- D63.0 Anemia in Neoplastic Disease (code neoplasm first)
- D63.1 Anemia in Chronic Kidney Disease (Code CKD Stage)
- D63.8 Anemia in other Chronic Disease (Code underlying Disease)
- D64.81 Antineoplastic Chemotherapy Induced Anemia

SECONDARY DIAGNOSIS:

- K51.0-K51.919 Ulcerative Colitis _____(ICD10)
- K90.0 Celiac Disease
- K90.4 Malabsorption due to intolerance, not elsewhere classified
- K90.9 Intestinal malabsorption, unspecified
- N18.1-N18.6 _____Stage Chronic Kidney Disease
- N92.0 Excessive and frequent menstruation with regular cycle
- N92.5 Other unspecified irregular menstruation
- N92.6 Irregular Menstruation, unspecified
- N18.1-N18.6 _____Stage Chronic Kidney Disease
- _____Other

Laboratory:

Attach current baseline CBC/Iron results (within 30 days prior) depicting Iron deficiency anemia with this order

Pre-medications 30 minutes prior to iron

- Acetaminophen 650 mg PO
- Methylprednisolone (Solu-Medrol) _____Mg x 1 dose
- Diphenhydramine 25 mg IV x 1 dose
- Diphenhydramine 25 mg PO x 1 dose

MEDICATION ORDERS

- Ferric Carboxymaltose (Injectafer)**
 - 750 mg in 250 mL 0.9% Sodium Chloride over 30 minutes x 2 doses every 7 Days
 - If weight less than 50 kg, dose calculation at 15mg/kg of body weight
- FERUMOXYTOL (Feraheme)**
 - 510 mg in 100 mL 0.9% Sodium Chloride over 30 minutes IV x 1 dose
 - 510 mg in 100 mL 0.9% Sodium Chloride over 30 minutes IV every 7 days x 2 doses
- Iron Sucrose (Venofer)**
 - Venofer 200 mg in 0.9% Sodium Chloride 100 mL over 30 minutes IV every 2 days x 5 doses
 - Venofer 300 mg in 0.9% Sodium Chloride 250 mL over 90 minutes IV every 3 days x 3 doses
 - Venofer 500 mg in 0.9% Sodium Chloride 250 mL over 3.5 hours IV every 7 days x 2 doses

NOTES:

Nursing Orders

- Assess patient prior to each infusion
- Provide patient/caregiver education related to disease process, therapy, infection control, drug use, side effects and precautions, emergency plan
- Weigh patient every visit and record
- Monitor vital signs initially and throughout infusion per manufacturer recommendations
- Establish and maintain IV access / may use central venous access if appropriate and maintain per Specialty Infusion Center policy
- Flush IV with 3ml-5ml of saline before and after every IV medication and PRN
- Administer infusion medication/injection as ordered
- If mild itching, slow down the infusion and monitor patient closely
- If anaphylactic reaction, stop infusion, implement emergency medications, and plan and call 911
- When infusion complete, flush IV with 3ml to 5ml saline flush or 50ml bag of saline and discontinue IV per INS Standards
- Evaluate effectiveness of infused therapy on disease process
- Lab work per physician when ordered

ORDERING PROVIDER:

Signature _____ Printed Name: _____ Date _____

Practice _____ Phone _____ Fax _____

*****PLEASE FAX COMPLETED ORDER TO SPECIALTY INFUSION CENTER 231-600-7058*****