

Medical Day Clinic - Iron Infusion Order Set
***** Orders valid for 6 months only*****

Allergies: NKA or _____
 Most Responsible Physician _____
 Code Status: Full DNR Other _____
 Indications: Reason for Iron Deficiency: _____
 Indication for Order Set Use: Iron sucrose (Venofer®) Iron isomaltoside (Monoferric®)
 Prescription provided **OR** Hospital funded iron requested – Call Medical Day Clinic x2428

Referring Physician/MRP to:

- **Provide patient with prescription for iron and instruct to bring medication to appointment**
- **To request hospital funded iron (for patients experiencing extenuating circumstances)- Call Medical Day Clinic**
- **Iron isomaltoside (Monoferric®) is a non-formulary drug; pharmacy will NOT supply**
- **Be available or designate for contact if any adverse reactions occur during administration**

Ensure consent has been obtained prior to initiation of transfusion

IV Therapy

If no existing IV, initiate IV saline lock

Vitals

Baseline T, HR, RR, BP, SpO₂ prior to infusion, q30 minutes until one (1) hour post completion of infusion

Iron sucrose (Venofer®)

*** Cumulative maximum dose 1,000 mg. Total dose not to be administered in a period of time less than 14 days***

Iron sucrose IV (maximum rate 100 mg/h, dose not to exceed 300 mg)

iron sucrose 100 mg in 100 mL 0.9% NaCl IV infused over 1 hour q_____days x _____doses(s)

OR

iron sucrose 200 mg in 100 mL 0.9% NaCl IV infused over 2 hours q_____days x _____doses(s)

OR

iron sucrose 300 mg in 250 mL 0.9% NaCl IV infused over 3 hours q_____days x _____doses(s)

Iron isomaltoside (Monoferric®) – this drug is non-formulary and will NOT be supplied by pharmacy

Iron isomaltoside has not been studied in pregnant women and should be avoided in pregnancy, or in women of reproductive potential not using means of contraception

iron isomaltoside 1,000 mg in 100 mL 0.9% NaCl IV infused over one (1) hour x 1 dose

OR

iron isomaltoside 1,500 mg IV total, given as:

- 1000 mg in 100 mL 0.9% NaCl IV infused over one (1) hour, **followed minimum of one week later by**
- 500 mg in 100 mL 0.9% NaCl IV infused over 30 minutes

OR

iron isomaltoside 2,000 mg IV total, given as:

- 1000 mg in 100 mL 0.9% NaCl IV infused over one (1) hour x 2 doses **given at minimum one week apart**

_____ Physician/Practitioner Signature	_____ Print Name/Designation	_____ Date	_____ Time
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Transcribed By: _____	Designation _____	Date _____	Time _____
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Checked By: _____	Designation _____	Date _____	Time _____
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Sent to Pharmacy Date _____ Time _____

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Management of Side Effects

- If Adverse Reaction** (Hypotensive reaction - systolic blood pressure drop of 25 mmHg, phlebitis and venous spasm, abdominal cramps, leg cramps, nausea, diarrhea)
- Hold infusion x 30 minutes
 - If symptoms improve resume infusion at half previous rate
 - If symptoms persist give 500 mL 0.9% NaCl bolus and call physician
- If anaphylactic reaction occurs:**
- Stop infusion immediately
 - Notify MD
 - EPINEPH**rine 0.5 mL of 1mg/mL ampule IM STAT
 - Start O₂ at 35-50% by mask
 - diphenhydr**AMINE** 50 mg IV STAT

Additional Orders

_____ Physician/Practitioner Signature	_____ Print Name/Designation	_____ Date	_____ Time
Transcribed By: _____	Designation _____	Date _____	Time _____
Checked By: _____	Designation _____	Date _____	Time _____
<input type="checkbox"/> Sent to Pharmacy	Date _____	Time _____	