



PROVIDER ORDER FORM

Iron Infusions

- Please complete form, and fax with latest clinical documentation to 360.299.4237.
- Include lab results for CBC, ferritin and an iron panel.

Patient Name (First, Middle, Last): _____ D.O.B. _____

Allergies: _____ Is the patient pregnant? Yes No

Diagnosis: _____ ICD-10 Code: _____

Pre-auth Done? Not required Yes Authorization #: _____ Authorization Dates: _____

Medication Orders:

Iron Sucrose (Venofer – J1756): _____ mg IV over 15–90 min. _____ days/week for ____ doses.

- Recommendation per Up-to-Date is 100-300 mg/dose, 1 g/treatment course and frequency of 2–3x/week.

Sodium Ferric Gluconate (Ferrlecit – J2916) 125 mg IV over 60 min. 1x/week for _____ doses.

- Maximum of 1 g recommended; IF the 250 mg dosage is to be used, recommendation is after patient has tolerated a 125 mg dosage; 250 mg IV over 60 min. 1x/week for _____ doses.

Ferumoxytol (Feraheme – Q0138): 510mg (recommended) IV over 30 min. for 2 doses given 3-8 days apart.

- Alternatively, 1.02 g IV over 30 min. as a single dose.

In case of infusion reaction, orders will be carried out per Island Health Policy unless crossed out.

- Stop infusion, obtain VS and assessment, call Provider.*
- NS 0.9% 1000 ml/hour IV for blood pressure <100/60.
- O₂ per nasal cannula to maintain saturation >92%.
- Diphenhydramine 25 mg IV if patient was pre-medicated with 25 mg within 2 hours of reaction otherwise 50 mg IV once.
- Methylprednisolone succ. 125 mg IV once.
- Epinephrine 0.3 mg IM for severe reaction (may repeat in 3–5 minutes for continued severe symptoms).

Other (include dose, route, volume and infusion time):

PROVIDER SIGNATURE	DATE
PRINT PROVIDER NAME	*PROVIDER EMERGENCY PHONE #