

STAT

Place X in box if STAT Medication Order.
(If STAT box is marked, a new order sheet is required for future orders).

ALLERGIES: _____

Generic substitution and therapeutic interchange are authorized unless prohibited by the prescriber according to hospital policy

NURSING CARE AND TREATMENT:

Record Patient Height: _____ (MUST BE RECORDED FOR CALCULATION OF LEAN BODY WEIGHT [LBW])

IV'S AND MEDICATIONS:

IV Iron Dosing: Select drug:

Iron Dextran (Infed®)

WARNING: ** Iron Dextran is contraindicated if the patient has any of the following conditions (if "YES" to any of the following, skip below for Sodium Ferric Gluconate (Ferrlecit®) dosing):

- Patients at high risk for hypersensitivity reactions (multiple drug allergies)
- Patients with rheumatoid arthritis or collagen-vascular disease
- Patients with previous allergic reaction to IV iron dextran (Infed®)

Indication (Select one)	Iron Dextran Dose
<input type="checkbox"/> Iron Deficiency Anemia OR <input type="checkbox"/> Adjunct to Erythropoietin therapy OR <input type="checkbox"/> Iron replacement for blood loss	Iron Dextran 25 mg / 50 mL NS IV over 30 minutes If no reaction after one hour administer: Iron Dextran _____ gm/ 250 ml NS daily for _____ days (follow infusion protocol listed in 3B) (Use protocol listed below to dose patient)
	<p>Dosing Protocol for Iron Dextran</p> <ol style="list-style-type: none"> 1. Calculate Lean Body Weight (LBW) <ol style="list-style-type: none"> a. LBW Men- 50 + (2.3 X # of inches>60) b. LBW Women- 45.5 + (2.3 X # of inches>60) 2. Calculate Total Dose (TD) <ol style="list-style-type: none"> a. TD (mL) = 0.0442 (desired Hgb* – observed Hgb) x Lean Body Weight (LBW) + (0.26 x LBW) b. TD (mg) = TD (ml) X 50 mg {1 mL of iron dextran = 50 mg iron dextran} <ol style="list-style-type: none"> i. ONLY 1 gm of iron dextran may be administered per day ii. If dose is > 1 gm it must be divided and given in 1 gm/day until complete dose is administered 3. Dose preparation and administration <ol style="list-style-type: none"> a. Test Dose (MANDATORY): Iron dextran (InFed®) 25mg in 50ml NS IV over 30 minutes <ol style="list-style-type: none"> i. Patient should be closely monitored for at least one hour after the test dose has been completed to assess for any adverse reactions. ii. If no reaction after one hour precede to next step b. Prepare and administer daily Iron Dextran dose in 250 ml of NS <ol style="list-style-type: none"> i. Infuse the remaining iron dextran solution at 50 ml/hour for the first 2 hours. ii. If no adverse reaction is noted, increase infusion to 100 ml/hour for the next 4 hours. <p>*Recommended desired Hgb is 12 mg/dL</p>

SEE SECOND PAGE FOR ADDITIONAL ORDERS

DATE: _____ **TIME:** _____ **SIGNATURE:** _____ **M.D.**

Forsyth MEDICAL CENTER
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FMMED0006A

INPATIENT Intravenous Administration of Iron ORDER SET

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Name / MR# / Label

**STAT**Place X in box if STAT Medication Order.
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Indication (Select one)	Sodium Ferric Gluconate Dose	Dose = 125 mg	Administration Schedule
<input type="checkbox"/> Iron Deficiency Anemia OR <input type="checkbox"/> Adjunct to Erythropoietin therapy OR <input type="checkbox"/> Iron replacement for blood loss	Sodium Ferric Gluconate (Ferrlecit®) 125 mg in 100 mL of NS IV over one hour. Repeat dose _____ (daily or every 48 hours) for a total of 8 doses.		

Intravenous Iron Hypersensitivity Orders (complete ADR reporting form)

All medications for Adverse Reaction Protocol should be accessed from the code cart with the exception of hydrocortisone which will be delivered with each iron dose.

 Adverse Reaction Protocol for Reaction to IV Iron Therapy**Anaphylactic Reactions: (respiratory difficulty)**

- Stop the infusion – Disconnect Iron Administration Tube.
- Hang 0.9% sodium chloride injection with new tubing @ 15 ml/hr
- Administer 0.5 mg of a 1:1000 epinephrine intramuscularly – **STAT**
0.5 mg 1:1000 epinephrine = 0.5 mL 1:1000 epinephrine
- Administer diphenhydramine 50 mg IV push - **STAT**
- Administer hydrocortisone 100 mg IV push – **STAT**
- Contact physician for additional orders
- Add iron dextran to patient allergy notification in computer

Non-anaphylactic type reactions: (nausea, itching, joint pain)

- Stop the infusion – Disconnect Iron Administration Tube.
- Hang 0.9% sodium chloride injection with new tubing @ 15 ml/hr
- Administer diphenhydramine 50 mg IV push – **STAT**
- Administer hydrocortisone 100 mg IV push – **STAT**
- Contact physician for additional orders and to determine if IV iron dextran infusion can be restarted at a slower rate

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OR THE MARGINS OF THIS PAGE**

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**INPATIENT Intravenous Administration of Iron
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NURSING CARE AND TREATMENT:

Record Patient Height: _____ (MUST BE RECORDED FOR CALCULATION OF LEAN BODY WEIGHT [LBW])

IV'S AND MEDICATIONS:

IV Iron Dosing: Select drug:

Iron Dextran (Infed®)

WARNING: ** Iron Dextran is contraindicated if the patient has any of the following conditions (if "YES" to any of the following, skip below for Sodium Ferric Gluconate (Ferrlecit®) dosing):

- Patients at high risk for hypersensitivity reactions (multiple drug allergies)
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Indication (Select one)	Iron Dextran Dose
<input type="checkbox"/> Iron Deficiency Anemia OR <input type="checkbox"/> Adjunct to Erythropoietin therapy OR <input type="checkbox"/> Iron replacement for blood loss	<p>Iron Dextran 25 mg / 50 mL NS IV over 30 minutes If no reaction after one hour administer: Iron Dextran _____ gm/ 250 ml NS daily for _____ days (follow infusion protocol listed in 3B) Please specify dates :</p> <p>Dose # 1 Date _____ Dose # 2 Date _____ Dose # 3 Date _____</p> <p>(Use protocol listed below to dose patient) Dosing Protocol for Iron Dextran</p> <ol style="list-style-type: none"> 1. Calculate Lean Body Weight (LBW) <ol style="list-style-type: none"> a. LBW Men- $50 + (2.3 \times \# \text{ of inches} > 60)$ b. LBW Women- $45.5 + (2.3 \times \# \text{ of inches} > 60)$ 2. Calculate Total Dose (TD) <ol style="list-style-type: none"> a. $TD (mL) = 0.0442 (\text{desired Hgb}^* - \text{observed Hgb}) \times \text{Lean Body Weight (LBW)} + (0.26 \times \text{LBW})$ b. $TD (mg) = TD (ml) \times 50 \text{ mg}$ {1 mL of iron dextran = 50 mg iron dextran} <ol style="list-style-type: none"> i. ONLY 1 gm of iron dextran may be administered per day ii. If dose is > 1 gm it must be divided and given in 1 gm/day until complete dose is administered 3. Dose preparation and administration <ol style="list-style-type: none"> a. Test Dose (MANDATORY): Iron dextran (InFed®) 25mg in 50ml NS IV over 30 minutes <ol style="list-style-type: none"> i. Patient should be closely monitored for at least one hour after the test dose has been completed to assess for any adverse reactions. ii. If no reaction after one hour precede to next step b. Prepare and administer daily Iron Dextran dose in 250 ml of NS <ol style="list-style-type: none"> i. Infuse the remaining iron dextran solution at 50 ml/hour for the first 2 hours. ii. If no adverse reaction is noted, increase infusion to 100 ml/hour for the next 4 hours. <p>*Recommended desired Hgb is 12 mg/dL</p>

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OUTPATIENT Intravenous Administration of Iron ORDER SET

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<input type="checkbox"/> Sodium Ferric Gluconate (Ferrlecit®)			
Indication (Select one)	Sodium Ferric Gluconate Dose	Dose = 125 mg	Administration Schedule
<input type="checkbox"/> Iron Deficiency Anemia OR <input type="checkbox"/> Adjunct to Erythropoietin therapy OR <input type="checkbox"/> Iron replacement for blood loss	Sodium Ferric Gluconate (Ferrlecit®) 125 mg in 100 mL of NS IV over one hour. Repeat dose _____ (daily or every 48 hours) for a total of 8 doses. Outpatient – Please specify dates: Dose #1: _____ Dose #5: _____ Dose #2: _____ Dose #6: _____ Dose #3: _____ Dose #7: _____ Dose #4: _____ Dose #8: _____		

Intravenous Iron Hypersensitivity Orders (complete ADR reporting form)

All medications for Adverse Reaction Protocol should be accessed from the code cart with the exception of hydrocortisone which will be delivered with each iron dose.

Adverse Reaction Protocol for Reaction to IV Iron Therapy

Anaphylactic Reactions: (respiratory difficulty)

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0.5 mg 1:1000 epinephrine = 0.5 mL 1:1000 epinephrine
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- Contact physician for additional orders
- Add iron dextran to patient allergy notification in computer

Non-anaphylactic type reactions: (nausea, itching, joint pain)

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ALLERGIES:

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PATIENT STATUS: Outpatient Day Center / Ambulatory Specialty Clinic

ATTENDING PHYSICIAN: _____ M.D.

DIAGNOSIS:

LABS: (to be drawn before erythropoietin given)

- CBC
- Iron Level
- Total Iron Binding Capacity (TIBC)

IV'S AND MEDICATIONS:

Erythropoietin (EPO) 40,000 units subcutaneously weekly (Days 21, 14, and 7 prior to surgery)
- Hgb has been evaluated and addressed by physician as being appropriate or by patient signing consent to receive erythropoietin.

Dose # 1 – Date _____

Dose # 2 – Date _____

Dose # 3 – Date _____

Dose # 4 – Date – DAY OF SURGERY (ON PRE-OP SURGERY ORDER FORMS)

DO NOT ADMINISTER IF PATIENT'S HGB IS > 12 MG/DL AND INFORMED CONSENT WAS NOT OBTAINED

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**Outpatient Surgery Erythropoietin (EPO)
ORDER SET**

Name / MR# / Label