

## IV Iron (INFeD<sup>®</sup>, Ferrlecit<sup>®</sup>, Venofer<sup>®</sup>) Infusion Therapy Plan Orders

## Page 1 of 2

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Group Health Member I.D. #\_\_\_\_\_

Date of Birth \_\_\_\_

Beview orders and note any changes. All orders with B will be placed unless otherwise noted. Plass fax completed order form to the intoxin center where the patient will be receiving treatment (see fax numbers page 2).   ab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering hysician. NOTE: These orders are valid for 6 months form the order (date. Group Health requires physician review and ulthorization every 6 months to ensure patient safety and quality of care.   Prease complete all of the following:	Instructions to Provider					
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Withdraction every 6 months to ensure patient safety and quality of care.           Please complete all of the following:           Order Date:						
Presse complete all of the following:       Diagnosis:         Order Date:	physician. NOTE: These orders are valid for 6 m	onths from the order date. Group Health requires physician review and				
Drder Date:	authorization every 6 months to ensure patient sat	fety and quality of care.				
Weight:kg Height:inches       280.0       Unspecified iron deficiency anemia secondary to blood loss (chronic)         Weight:kg Height:inches       280.9       Unspecified iron deficiency anemia         Special instructions/notes:	Please complete all of the following:					
Weight:kg       Height:inches       280.0       Unspecified iron deficiency anemia secondary to blood loss (chronic)         285.29       Anemia in Chronic Kidney Disease         Seneral Plan Communication       285.29       Anemia in Chronic Kidney Disease         Promedication should be avoided unless there is a history of hypersensitivity.       Consider methylprednisolone 125mg in patients with a history of drug allergies, an allergic diathesis or a history of inflammatory arthniks, wherein both parenteral and oral iron have been shown to exacerbate symptoms.         One time test dose is REQUIRED for iron dextran. Consider repeat test dose if more than 6 months have elapsed since last Iron Dextran (IML) = [0.0422 (desired Hb - Observed Hb) X IBW] + (0.26 x IBW)         • INFeD commonity given as 1 gm infusion, or alternatively calculate per manufacturer guideline.         • Manufacturer Total Dose calculation (IML) = [0.0422 (desired Hb - Observed Hb) X IBW] + (0.26 x IBW)         • IBW = ideal body weight in Kg         • Mase = 50 + (2.3 X height in inches over 5 feet).         ntusion Therapy         NFED is the recommended IV Iron product at Group Health         Test dose - Iron Dextran (INFeD) in 0.9% sodium chloride 50 mL IV infusion         Dose: Ø 125 mg       Route: Intravenous Frequency: Once Infusion Duration: over 5 minutes.         Note any changes to above regimen:       Infusion Duration: Over 60 minutes.         I'Infusion-related reaction:       1) SOP infusion immediately; 2) Increase primary infusion	Order Date:					
Image:						
263.29 Allelina in Circle Kulley Disease         General Plan Communication         • Special instructions/notes:         Provider Information         • Premedication should be avoided unless there is a history of hypersensitivity.         • Consider methylprednisolone 125m ip natients with a history of drug allergies, an allergic diathesis or a history of inflammatory arthritis, wherein both parenteral and oral iron have been shown to exacerbate symptoms.         • One time test does is REQUIRED for Iron dextran. Consider repeat test does if more than 6 months have elapsed since last Iron Dextran infusion.         • INFeD commonly given as 1 gm infusion, or alternatively calculate per manufacturer guideline.         • Manufacturer Total Dose calculation (mL) = [0.0442 (desired Hb - Observed Hb) x IBW) + (0.26 x IBW)         • IBW = ideal body weight in Kg         • Males = 50 + (2.3 X height in inches over 5 feet). Females = 45.5 + (2.3 X height in inches over 5 feet)         Infusion Therapy         NFED is the recommended IV Iron product at Group Health         □ Test dose - Iron Dextran (INFeD) in 0.9% sodium chloride 250 mL IV infusion         Dose: Ø 125 mg       Route: Intravenous Frequency: Once Infusion Duration: over 5 minutes.         Note any changes to above regimen:       Irinfusion-related reaction:         1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD         Note any changes to above regimen:       I	Weight: kg Height: inches					
Seneral Plan Communication       • Special instructions/notes:	• • •					
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Dose: ⊠ 25 mg       Route: Intravenous       Frequency: Once       Infusion Duration: over 5 minutes.         Note any changes to above regimen:						
Note any changes to above regimen:         Iron Dextran (INFeD) in 0.9% sodium chloride 250 mL IV infusion         Dose:       1,000 mg         Infusion Duration: Over 60 minutes.         If infusion-related reaction:         1)       STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD         Note any changes to above regimen:         Provide Agents         Perric gluconate (FERRLECIT) in 0.9% sodium chloride 100 mL IV infusion         Dose:       125 mg         Route:       Intravenous         If infusion-related reaction:         1)       STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications over 60 minutes.         If infusion-related reaction:         1)       STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD         Note any changes to above regimen:						
□       Iron Dextran (INFeD) in 0.9% sodium chloride 250 mL IV infusion         □       Dose: ☑ 1,000 mg       □      mg       Route: Intravenous Frequency x1 dose or	-					
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Note any changes to above regimen:         2 <sup>nd</sup> Line Agents         □       Ferric gluconate (FERRLECIT) in 0.9% sodium chloride 100 mL IV infusion         Dose:       ☑ 125 mg       Route: Intravenous       Frequency: Every for doses.         Infusion Duration:       Over 60 minutes.       If infusion-related reaction:       1)       STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD         Note any changes to above regimen:						
Provider Signature:						
<ul> <li>□ Ferric gluconate (FERRLECIT) in 0.9% sodium chloride 100 mL IV infusion         <i>Dose:</i> ☑ 125 mg Route: Intravenous Frequency: Everyfordoses.         <i>Infusion Duration:</i> Over 60 minutes.         <i>If infusion-related reaction:</i>         1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN         medications per hypersensitivity protocol; 4) Notify MD         <i>Note any changes to above regimen:</i>         □ Iron sucrose (VENOFER) in 0.9% sodium chloride 250 mL IV infusion         <i>Dose:</i> ☑ 200 mg Route: Intravenous Frequency: Every for doses.         <i>Infusion Duration:</i> Over 60 minutes.         <i>If infusion Prequency:</i> Every for doses.         <i>Infusion Duration:</i> Over 60 minutes.         <i>If infusion Prequency:</i> Every for doses.         <i>If usion Prequency:</i> Every for doses.         <i>If usion Prequency:</i> Provider Signature: Provider Signature: Date: </li> </ul>						
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	Printed Name:	Phone: Fax:				



## IV Iron (INFeD<sup>®</sup>, Ferrlecit<sup>®</sup>, Venofer<sup>®</sup>) Infusion Therapy Plan Orders

## Page 2 of 2

Name:

Group Health Member I.D. # \_\_\_\_\_

Date of Birth \_\_\_\_

Pre-Me	ds			
	Other:			
	Dose: Route: Oral Frequency: Once, 30 minutes prior to IV Iron infusion			
$\mathbf{\nabla}$	No pre-medications necessary. Contact provider if patient has reaction and requires pre-medications for future			
	doses.			
IV Line	Care			
	0.9% sodium chloride infusion 250 mL			
	Rate: 30 mL/hr Route: Intravenous Frequency: Run continuously to keep vein open			
	Start peripheral IV if no central line			
$\square$	heparin flush 10 unit/mL			
ت	Dose: 50 units Route: Intracatheter Frequency: PRN for IV line care per Nursing Policy			
$\square$	heparin flush 100 unit/mL			
	Dose: 500 units Route: Intracatheter Frequency: PRN for IV line care per Nursing Policy			
Infusio	n Reaction Meds			
⊡	albuterol (PROVENTIL) neubulizer solution 0.083%			
	Dose: 2.5 mg Route: Nebulization Frequency: PRN for shortness of breath/wheezing			
$\square$	diphenhydrAMINE (BENADRYL) injectable			
	Dose: 25 mg Route: Intravenous			
	Frequency: Once PRN, May repeat x1 for urticaria, pruritis, shortness of breath. May repeat in 15 minutes if			
	symptoms not resolved.			
$\square$	EPINEPHrine (ADRENALIN) 1 mg/mL (1:1000) injectable			
_	Dose: 0.3 mg Route: Intramuscular			
	Frequency: Once PRN for anaphylaxis. Notify physician if administered.			
$\square$	hydrocortisone sodium succinate (SOLU-CORTEF) injectable			
_	Dose: 100 mg Route: Intravenous Frequency: Once PRN for hypersensitivity			
Lab Review for Nursing				
	Baseline labs: Ferritin, Fasting TSAT			
	Ferritin <200, TSAT <20%			
	Do not administer repeat doses of Iron Dextran (INFeD) without evaluation of iron labs			
	g Orders			
	Due time test dose is REQUIRED for Iron dextran. Consider repeat test dose if more than 6 months have			
	elapsed since last Iron Dextran infusion.			
•[	Discontinue IV line when therapy complete and patient stabilized.			
References				
INFeD® Prescribing Information. Revised September 2009.     Averback M et al. Safety and Efficiency of Panidk administered (and hour) and store of law malagular weight.				
<ul> <li>Auerbach, M et al. <u>Safety and Efficacy of Rapidly administered (one hour) one gram of low molecular weight</u> iron dextran (INFeD) for the treatment of iron deficient anemia. Am J Hematology, 2011;10:860-862.</li> </ul>				
Group	Health Infusion Locations			
Bollovuo	Medical Center — Spokane			
	NE 10 <sup>th</sup> St, Bellevue, WA 98004 W 322 North River Drive, Spokane, WA 99201			
	425-502-3512 Phone: 425-502-3510 Fax: 509-324-7168 Phone: 509-241-2073			
	Hill Medical Center Silverdale Medical Center			
	6 <sup>th</sup> Ave E, Seattle WA 98112 10452 Silverdale Way NW, Silverdale, WA 98383			
Fax: 206-326-2104 Phone: 206-326-3109 Fax: 360-307-7493 Phone: 360-307-7444				
Everett Medical Center Tacoma Medical Center				
2930 Maple St, Everett, WA 98201 209 Martin Luther King Jr Way, Tacoma, WA 98405 Fax: 425-261-1659 Phone: 425-261-1681 Fax: 253-383-6262 Phone: 253-596-3666				
Olympia Medical Center				
700 Lily Road N.E., Olympia, WA 98506				
Fax: 360-923-7106 Phone: 360-923-7164				

Provider Signature: \_\_\_\_\_

\_\_\_\_ Date: \_\_\_\_\_

Phone:

Printed Name: \_\_\_\_\_

HIM Revision Date: 3/20/2013 Group Health Cooperative <Reference#115118>

\_\_\_\_\_ Fax: \_\_\_\_\_