

IV Iron (INFeD[®], Ferrlecit[®], Venofer[®]) Infusion Therapy Plan Orders

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Name: _____

Group Health Member I.D. # _____

Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician. **NOTE:** These orders are valid for 6 months from the order date. Group Health requires physician review and authorization every 6 months to ensure patient safety and quality of care.

Please complete all of the following:

Order Date: _____ Weight: _____ kg Height: _____ inches	Diagnosis: <input type="checkbox"/> 280.0 Iron deficiency anemia secondary to blood loss (chronic) <input type="checkbox"/> 280.9 Unspecified iron deficiency anemia <input type="checkbox"/> 285.29 Anemia in Chronic Kidney Disease <input type="checkbox"/> _____
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General Plan Communication

- Special instructions/notes: _____

Provider Information

- Premedication 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 arthritis, 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 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

INFED is the recommended IV Iron product at Group Health

- Test dose – Iron Dextran (INFeD) in 0.9% sodium chloride 50 mL IV infusion**
 Dose: 25 mg Route: Intravenous Frequency: Once Infusion Duration: over 5 minutes.
 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 _____
 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: _____

2nd 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: _____
- Iron sucrose (VENOFER) in 0.9% sodium chloride 250 mL IV infusion**
 Dose: 200 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: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____

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Pre-Meds

- Other: _____
Dose: _____ Route: Oral Frequency: Once, 30 minutes prior to IV Iron infusion
- 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
- heparin flush 10 unit/mL
Dose: 50 units Route: Intracatheter Frequency: PRN for IV line care per Nursing Policy
- heparin flush 100 unit/mL
Dose: 500 units Route: Intracatheter Frequency: PRN for IV line care per Nursing Policy

Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%
Dose: 2.5 mg Route: Nebulization Frequency: PRN for shortness of breath/wheezing
- 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.
- EPINEPHrine (ADRENALIN) 1 mg/mL (1:1000) injectable
Dose: 0.3 mg Route: Intramuscular
Frequency: Once PRN for anaphylaxis. Notify physician if administered.
- 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

Nursing Orders

- One 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.
- Auerbach, M et al. [Safety and Efficacy of Rapidly administered \(one hour\) one gram of low molecular weight iron dextran \(INFeD\) for the treatment of iron deficient anemia.](#) Am J Hematology, 2011;10:860-862.

Group Health Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1659 Phone: 425-261-1681

Olympia Medical Center

700 Lily Road N.E., Olympia, WA 98506

Fax: 360-923-7106 Phone: 360-923-7164

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7493 Phone: 360-307-7444

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-383-6262 Phone: 253-596-3666

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____