

AMBULATORY TREATMENT UNIT

IV Iron Infusion Order Set

□ = Optional Order • = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

Phone (616) 394-3547 Fax (616) 394-2139

ORDERS		
Date: Time:		
Patient Name:	Date of Birth:	_ Weight: (kg)
Allergies:		
Diagnosis Code: (ICD-10) Diagnosis:		
Labs to be drawn 4 weeks post infusion: □ CBC □ Iron Studies □ Other:		
MEDICATIONS □ Venofer IV (Iron Sucrose) □ 100mg (Infusion over at least 15 minutes) □ 200mg (Infusion over at least 15 minutes) □ 300mg Number of doses Frequency Nursing Considerations • Monitor for signs and symptoms of hypersensitivity and hypotension during infusion.	□ Injectafer IV (ferric carboxyn □ 500mg □ 750mg (recommended dos □ 15mg/kg (max 10 □ 1000mg Number of doses F Nursing Considerations • Monitor vital signs • Monitor for signs and symptoleast 30 minutes after infusio • Monitor infusion site for sign extravasation.	se) 000mg) requency oms of hypersensitivity at n.
☑ Benadryl 25 mg IVP PRN (Pre-infusion for patients with prior sensitivity)		
Is patient on oral iron? ☐ Yes ☐ No ☐ If Yes, is patient to discontinue? ☐ Yes ☐ No ☐ Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction) Slow or stop infusion for 20 minutes Give: • Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1) • Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.) • Methylprednisolone (Solu-Medrol) 125 mg IVP STAT • Place O₂ PRN at 4 − 6 liters per nasal cannula STAT • Vital signs with PO₂ every 5 minutes until stable • Notify the physician of reaction. Request further orders as indicated • Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.		
Provider Signature:		Date:
Provider Name and Credentials (please print):		Time:
Office Phone: Office Fax:		