

Intravenous Iron Infusion Standing Orders

Drug Allergies

Referral Fax: 910.590.2013 Scheduler: 910.596.5417

Date and Time	Another brand of drug identical in form and content may be dispensed unless checked <input type="checkbox"/>
Diagnosis:	
Patient History: (Check if the following applies)	
<input type="checkbox"/>	Previous allergic reaction to iron infusion product
<input type="checkbox"/>	Patient describes themselves as having a history of asthma
<input type="checkbox"/>	Patient has more than one drug allergy (Note: Adverse Drug Reactions are not drug allergies)
<input type="checkbox"/>	Patient has a history of inflammatory arthritis
If the patient meets one of the above criteria, please order the following pre-medications:	
<input type="checkbox"/>	Methylprednisolone 125mg IV x 1 dose given prior to iron infusion
<input type="checkbox"/>	Famotidine 20mg IV x 1 dose given prior to iron infusion
Medications: (Choose one of the following iron preparations.)	
1. Feraheme (Ferumoxylol)	
Patient should be in a reclined position during infusion. Observe patient for signs of hypersensitivity (including BP & Pulse) for at least 30 mins. after infusion.	
<input type="checkbox"/>	Single Dose Regimen: 1020mg IV over 30 mins. x 1 dose
<input type="checkbox"/>	Two Dose Regimen: 510mg IV over 30 mins. followed by another 510mg IV over 30 mins. 1 week later
2. Infed (Iron Dextran)	
<input type="checkbox"/>	1000mg IV as a single dose; Administer 25mg as a test dose over 5 mins. and watch for infusion reaction for 1 hour. Then, administer the remainder of the 1000mg dose over 1 hour after a successful test dose/observation period.
3. Ferrlecit (Ferric Gluconate)	
<input type="checkbox"/>	Eight Dose Regimen: 125mg IV over 1 hour every week x 8 doses
<input type="checkbox"/>	Four Dose Regimen: 250mg IV over 2 hours every week x 4 doses
Observe patient for at least 30 mins. after infusion. A test dose is not required, but is recommended if the patient has multiple drug allergies.	
<input type="checkbox"/>	Test Dose: 2.5mg IV over 5 mins.
Vital signs: Prior to administration	
Every 15 minutes during infusion	
At end of infusion	
Every 15 minutes during observation period	
Refer to Intravenous Iron Infusion policy for additional information.	
MD Signature: _____ Date/Time: _____	

