

Intravenous Iron Replacement  
Physician Orders

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Physician Office # \_\_\_\_\_

Physician Fax # \_\_\_\_\_

**Primary Diagnosis (MUST CHOOSE A PRIMARY FROM THE LIST BELOW)**

- |  |  |
|--|--|
| <input type="checkbox"/> D50.9 Iron deficiency anemia        | <input type="checkbox"/> _____                                     |
| <input type="checkbox"/> O99.1 Anemia complicating pregnancy | <input type="checkbox"/> D63.1 Anemia in Chronic Kidney disease    |
| <input type="checkbox"/> D64.9 Anemia due to disease         | <input type="checkbox"/> N18.9 Chronic kidney disease, unspecified |

**Screening:**

Date of last IV iron administration: \_\_\_\_\_ IV iron product: \_\_\_\_\_

- Drug allergies       Asthma       Autoimmune Disorder

**Labs:**

Date: \_\_\_\_\_ Iron Saturation: \_\_\_\_\_ mcg/dL

HGB: \_\_\_\_\_ gm/dL Iron: \_\_\_\_\_ ug/dL Total IBC: \_\_\_\_\_ ug/dL Ferritin: \_\_\_\_\_ ng/mL

**Pre-Medications (Leave blank if no Pre-meds):**

- Acetaminophen (Tylenol) 650 mg orally x 1 dose
- Diphenhydramine (Benadryl) 25mg orally x 1 dose
- Other \_\_\_\_\_

**Medication Orders (please choose one of the following):**

**Ferric Carboxymaltose (Injectafer): (Test dose not required)**

- Ferric carboxymaltose 750mg in NSS 250 mL IV over 30 minutes x 1 dose
- Ferric carboxymaltose 750mg in NSS 250 mL IV over 30 minutes every 7 days x 2 doses separated by at least 7 days Dates: \_\_\_\_\_ and \_\_\_\_\_
- For patients weighing less than 50kg (110 lb.) dose at 15 mg/kg x \_\_\_\_\_ dose(s)  
Dose: \_\_\_\_\_ mg

Intravenous Iron Replacement  
Physician Orders

**Iron Sucrose (Venofer): standard concentration: 20 mg/10 mL; (20mg elemental iron/mL)**  
*(Test dose not required)*

Dose: \_\_\_\_\_ mg x \_\_\_\_\_ dose(s) Frequency: \_\_\_\_\_

- IV push into the vein (doses  $\leq$  200 mg are to be administered undiluted by slow IV injection over 2 to 5 minutes) (*preferred route*)
- IV infusion for doses  $\leq$  200 mg in NSS 100 mL over 30 minutes (**patients who cannot tolerate IV push**)
- IV infusion for a 300 mg dose in NSS 250 mL over 1.5 hours
- IV infusion for a 400 mg dose in NSS 250 mL over 2.5 hours

**Ferric Gluconate (Ferrelecit): (Test dose not required)**

- Sodium Ferric Gluconate (Ferrelecit) (12.5 mg elemental iron/mL)
- Sodium Ferric Gluconate 125 mg/NS 100 mL infused over 60 minutes x \_\_\_\_\_ dose(s)

**Iron Dextran (Infed) (A test dose is required on the first day)**

- Iron Dextran 25mg/0.5mL IV push test dose over 30 seconds; Wait 1 hour and if no adverse reactions, administer:
  - Iron Dextran 975mg in NSS 250 mL IV over 60 minutes x 1 dose
  - Other: Iron Dextran \_\_\_\_\_ mg in NSS 250 mL IV over \_\_\_\_\_ x 1 dose

**Ferumoxytol (Feraheme): (test dose not required)**

*\*Note: Feraheme has been known to disrupt radiographic imaging*

- Ferumoxytol (Feraheme) 510 mg in NSS 100 mL IV over at least 15 minutes every 7 days x 2 doses

**Authorization # and Dates (from and to):** \_\_\_\_\_

**Physician Office Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_