



AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED.

ICD-10 code (required):	Weight (kg) (required):	Estimated start date (required):
Diagnosis: SEE BELOW FOR DIAGNOSIS-BASED IRON (REQUIRED) <input type="checkbox"/> Iron deficiency anemia <input type="checkbox"/> Iron deficiency WITHOUT anemia (iron dextran only) <input type="checkbox"/> Anemia in chronic kidney disease Patient on dialysis <input type="checkbox"/> YES <input type="checkbox"/> NO	Height (cm):	
	Allergies:	
	Hemoglobin (g/dL):	

MONITORING: Patients will be observed for 30 minutes after administration of any IV iron product
Recommended lab orders: Baseline Hgb, Hct, MCV, serum iron, TIBC, transferrin saturation, and ferritin.

Iron Deficiency Anemia

	MEDICATION	DOSE	ADMINISTRATION INSTRUCTIONS	FREQUENCY
<input type="checkbox"/>	Ferumoxytol (Feraheme®) – Tier 1 PREFERRED	510 mg	In 100 mL 0.9% sodium chloride. Infuse IV over 15 minutes.	Weekly x 2 doses
<input type="checkbox"/>	Iron Dextran (InFeD®) – Tier 1 *MUST be used for iron deficiency WITHOUT anemia Total volume = drug volume + IV fluid volume + overfill	Fixed: <input type="checkbox"/> 500 mg	In 250 mL 0.9% sodium chloride (total volume = 285 mL). Infuse IV 25 mg (14.3 mL) from infusion bag over 15 minutes then stop. If no adverse reactions after 1 hour, infuse at 950 mg/h	x 1 dose
		<input type="checkbox"/> 1000 mg	In 250 mL 0.9% sodium chloride (total volume = 295 mL). Infuse IV 25 mg (7.4 mL) from infusion bag over 15 minutes then stop. If no adverse reactions after 1 hour, infuse at 975 mg/h	
		<input type="checkbox"/> 1500 mg	In 500 mL 0.9% sodium chloride (total volume = 580 mL). Infuse IV 25 mg (9.7 mL) from infusion bag over 15 minutes then stop. If no adverse reactions after 1 hour, infuse at 975 mg/h	
		<input type="checkbox"/> Pharmacy to Dose:*	Calculate based on prescribing information	x 1 dose
<input type="checkbox"/>	Ferric carboxymaltose (Injectafer®) – Tier 2	< 50kg: 15 mg/kg* ≥ 50kg: 750 mg	In 250 mL 0.9% sodium chloride. Infuse IV over 20 minutes. <i>Pharmacy to adjust diluent vol. (final concentration 2-4 mg/mL).</i>	x 1 dose on day 1 then x 1 after at least 7 days. Max TOTAL dose 1500mg

Anemia in Chronic Kidney Disease

<input type="checkbox"/>	Ferumoxytol (Feraheme®) – Tier 1 PREFERRED	510 mg	In 100 mL 0.9% sodium chloride. Infuse IV over 15 minutes.	Weekly x 2 doses
<input type="checkbox"/>	Iron Sucrose (Venofer®) – Tier 1	300 mg	In 250 mL 0.9% sodium chloride. Infuse IV over 90 minutes	Weekly x 3 doses
<input type="checkbox"/>	Ferric carboxymaltose (Injectafer®) – Tier 2	< 50kg: 15 mg/kg* ≥ 50kg: 750 mg	In 250 mL 0.9% sodium chloride. Infuse IV over 20 minutes. <i>Pharmacy to adjust diluent vol. (final concentration 2-4 mg/mL)</i>	x 1 dose on day 1 then x 1 after at least 7 days. Max TOTAL dose 1500mg

Anemia in Chronic Kidney Disease – ON Dialysis with erythropoietin therapy

<input type="checkbox"/>	Ferric gluconate (Ferrlecit®)	125 mg	In 100 mL 0.9% sodium chloride. Infuse IV over 1 hour.	x 1 dose per dialysis session x _____ doses.
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***Pharmacist to write dose clarification order**

IF PATIENT HAS A HYPERSENSITIVITY REACTION, BEGIN HYPERSENSITIVITY INFUSION REACTION PROTOCOL

ADDITIONAL ORDERS

Vital signs at baseline. Observe closely for signs/symptoms of hypersensitivity reaction. Discontinue IV upon completion of therapy, flush order per protocol.

Patient name and date of birth	The provider's full signature to follow the order.
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Patient Name	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Signature Date Time </div>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date of Birth	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Printed Name

ADULT – OUTPATIENT IV IRON THERAPY