Premier Health Intravenous Iron Infusion Faxed Order Form

• ALL Sections of this order form must be completed prior to scheduling in outpatient infusion center.

<u>Ir</u> MVH Middletown 513-974-5023 MVH South 937-641-2676		MVH Ti	<u>vers:</u> orth 937-641-2378 oy 937-440-4503 reenville 937-641-7205
Patient Name			Date of Birth
Patient's Allergie	s		
Patient's Actual Body Weight (in kg)		Patient's Height	Date obtained
Patient's Insuran	ce		
Ordering Provider		Provider's Phone	Fax #
PLEASE HAVE PATIENT BRING CURRENT MEDICATION LIST			
Primary and secondary diagnosis (must select one from each column) For first doses For continuation of therapy	 (chronic)(D50 Iron deficient Acute post h Anemia in ch Anemia due to (D64.81) OTHER: (Premier Price evaluation to medical necession Prior failed comparison Patient has p 	cy anemia, unspecified (D50.9) emorrhagic anemia (D62) ronic kidney disease (D63.1) to antineoplastic chemotherapy or Authorization team will do an o ensure the diagnosis code meets essity requirements.) onventional therapies:	 Intestinal malabsorption unspecified/failed oral iron (K90.) Chronic kidney disease, stage 1 (N18.1) Chronic kidney disease, stage 2 (N18.2) Chronic kidney disease, stage 3 (N18.3) Chronic kidney disease, stage 4 (N18.4) Excessive and frequent menstruation with regular cycle (N92.0) Irregular menstruation, unspecified (N92.6) OTHER:
LABS: (must be completed within 4 weeks prior to appointment)			
Hgb result Ferritin result TSAT result NURSING ORDERS:			
ObserveCheck vleast 30	e for hypersensitivity re itals immediately after minutes after comple	e e	ludes hypotension, shortness of breath, and rash ost infusion. The patient must be observed for at ersensitivity reactions.
Acetam	inophen 650mg PO on REDNISolone (SOLU-N ineous	-	tients with multiple allergies or asthma)
LABS: (if needed)	Ferritin	🗖 TSAT

INTRAVENOUS THERAPY:

- 0.9% NaCl 500mL, Intravenous CONTINOUS at 20ml/hr
- □ Saline flush IV push PRN as needed

INTRAVENOUS IRON: (select drug and dose)

- **Gradient Content** Ferric Derisomaltose (Monoferric) -Preferred PH agent
 - ____ Patient weight greater than or equal to 50kg Ferric derisomaltose 1000mg IVPB once over 20 minutes
 - Patient weight less than 50kg Ferric derismaltose 20mg/kg IVPB once over 20 minutes
- Ferric Carboxymaltose (Injectafer)

____ Patient weight greater than or equal to 50kg – Ferric carboxymaltose 750mg IVPB over 20 minutes every 7 days x 2 doses

- Patient weight less than 50kg Ferric carboxymaltose 15mg/kg IVPB over 20 minutes every 7 days x 2 doses
- □ Iron Sucrose (Venofer)
 - ____ Iron sucrose 200mg IVPB every ____ days x 5 doses
 - ____ Iron sucrose 300mg IVPB every ____ days x 3 doses
 - ____ Iron sucrose _____ mg IVPB every ____ days x ____ doses
- Ferumoxytol (Feraheme)
 - _____ Ferumoxytol 510mg in NaCl 0.9% 100ml IVPB over 15 minutes every 7 days x 2 doses
 - Ferumoxytol 1020mg in NaCl 0.9% 250ml IVPB over 30 minutes x 1 dose

□ Iron Dextran (InFed)

Test Dose : Prior to first dose: Iron dextran (INFED) 25mg in NaCl 50ml IVPB once 10ml/hr for 5 minutes. Wait an additional 25 minutes then give remaining dose.

Therapeutic Dose: _____ 325 mg in NaCl 0.9% 100ml over 60 minutes daily x 3 doses

- _____ 475mg in NaCl 0.9% 250ml over 60 minutes daily x 2 doses
- 975mg in NaCl 0.9% 250ml over 120 minutes x 1 dose

MILD/MODERATE INFUSION RELATED REACTION:

- ✓ For Mild/Moderate Infusion Reaction- stop infusion. Maintain vascular access. Monitor vitals every 10 minutes. Once symptoms resolve, infusion may be restarted at ordered rate
- ✓ Diphenhydramine 25mg IVP once as needed for itching/hive for mild/moderate reactions
- Acetaminophen (TYLENOL) 650mg PO once PRN headache, malaise, fever or mild pain \checkmark
- NaCl 0.9% intravenously PRN at 500ml/hr to a total volume of 1000ml PRN mild/moderate infusion reaction

EMERGENCY MEDICATIONS (Anaphylaxis/Severe infusion reaction):

- ✓ Contact provider for Emergency or Severe/Anaphylactic Reaction
- For Anaphylaxis/Severe Reaction, Immediately discontinue drug infusion. Place patient in supine position. Assess airway, \checkmark breathing, circulation, and mentation. Monitor vital signs (including O2 saturation every 5 minutes).
- ✓ For Anaphylaxis/ Severe reactions, Administer oxygen per nasal cannula or mask as needed to maintain O2 saturations >90%
- \checkmark Epinephrine 1:1000 0.3mg IM every 5 minutes X3 PRN for severe reaction/anaphylaxis
- ✓ Diphenhydramine 50mg IVP once PRN for severe reaction/anaphylaxis
- \checkmark Famotidine 20mg IVP once PRN for severe reaction/anaphylaxis
- Methylprednisolone 125mg IVP once PRN for severe reaction/anaphylaxis
- 0.9% NaCl 1000mL continuous PRN for severe reaction/anaphylaxis at 999mL/hr until symptoms resolve

Provider signature_____Date/Time _____Date/

Printed provider name_____

04-12-2024 version