

Columbus Community Hospital

Columbus, Nebraska
DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

| | | | | | | |
|----------|---------|------------|-------|---------|-------|--------|
| NONE | CODEINE | PENICILLIN | SULFA | ASPIRIN | OTHER | HEIGHT |
| REACTION | | | | | | WEIGHT |

Authorization is granted to supply medications by non-proprietary name unless checked here

PHYSICIANS ORDERS
(including Medications)

Iron Dextran (INFED) Infusion

(8/2024)

Page 1 of 3

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET** and **H&P** or **most recent chart note**.
2. Provider must order and obtain a ferritin prior to patient being scheduled for iron infusion. Labs drawn date: _____
3. Oral iron should be discontinued prior to administration of iron dextran.
4. Premedication is not required prior to infusion of iron dextran. If premedication is needed, such as in patients with multiple drug allergies, history of asthma, or history of reaction to iron products; consider premedication with hydrocortisone. For treatment of mild infusion reactions, consider treatment with hydrocortisone. Avoid use of diphenhydramine to be used as a premedication or treatment of mild reactions.

NURSING ORDERS:

1. TREATMENT PARAMETERS – Hold treatment and notify provider if Ferritin greater than 300 ng/mL.
 2. Instruct patient to set follow up appointment with provider for follow up labs.
 3. Life-threatening anaphylactic reactions have occurred. Patient should be observed for anaphylactic reaction during any iron dextran administration.
 4. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declothing (alteplase), and/or dressing changes.
 5. Vitals prior to and after infusion
 6. Start IV saline lock or access implanted port per facility protocol.
 7. Patient should be reclined or semi-reclined during administration
 8. Monitor patient for 30 minutes after infusion. DO NOT discontinue IV until after 30 minutes of monitoring.
- Labs to be drawn: _____

PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)

- Acetaminophen 975mg PO x 1
 OR
 Acetaminophen (Ofirmev) 1000mg IV x 1
 History of Transfusion Reaction: Solu-Medrol 125mg IV x 1.

MEDICATIONS:

1. **Dose calculation:**
 Calculate dose using formula below:
0.0442(desired hemoglobin-observed hemoglobin) x LBW + (0.26 x LBW) = _____ Total dose (mL)
 *Desired hemoglobin: Usually 14.8 g/dL / LBW = Lean body weight in kg
 *Iron Dextran vial is supplied as a 50mg/mL concentration.
 Total dose = 0-15 mL; Give Iron Dextran 500mg
 Total dose = >15 mL; Give Iron Dextran 1000mg

(cont.)



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Page 2 of 3

Dose (choose one):

- Iron Dextran 100 mg IV diluted in 100mL of 0.9% NaCl infused over 1-hour x 1
- Iron Dextran 500mg (10 mL) IV diluted in 500mL of 0.9% NaCL infused over 4 hours x 1.
- Iron Dextran 1000mg (20 mL) IV diluted in 1000mL of 0.9% NaCL infused over 4 hours x 1.
- Iron Dextran _____mg IVPB x 1 (dilution and infusion rate per pharmacy, test dose will be removed if needed).

Test dose (if no infusion history at CCH, test dose will be given)

Iron Dextran 25mg diluted in 50mL of 0.9% NaCL infused over 15 minutes IVPB x 1. Test dose will be removed from total dose. Observe patient for at least 1 hour prior to administration of the remainder of the therapeutic dose. If patient tolerates infusion, give the remainder of the dose. If infusion reaction should occur, stop infusion and contact physician.

AS NEEDED MEDICATIONS:

1. Sodium chloride 0.9%, 500 mL, intravenous

HYPERSENSITIVITY:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop **STOP THE INFUSION.**
2. Obtain vital signs and continue to monitor vitals every 5 minutes.
3. Notify ordering provider.
4. Refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
5. Continue to assess as grade of severity may progress.
6. Administer emergency medications as directed on the physician's orders.

HYPERSENSITIVITY MEDICATIONS:

1. **Acetaminophen, 975 mg, PO, x 1 dose, AS NEEDED** for hypersensitivity or infusion reaction.
2. **DiphenhydrAMINE inj, 50 mg, IV, AS NEEDED** for hypersensitivity or infusion reaction. May repeat x 1 AS NEEDED per reaction management algorithm.
3. **Hydrocortisone Sodium Succinate, 100 mg, IV, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.
4. **Famotidine, 20 mg, IV, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.
5. **Oxygen, 2 Liters/min** per nasal cannula for hypersensitivity or infusion reaction.
6. **0.9% Normal Saline, 1000 mL, IV, 150mL/hr, AS NEEDED** for hypersensitivity or infusion reaction.
7. **EPINEPHrine HCl (1mg/1mL), 0.3 mg, IM injection, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.

My NPI number is _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

(cont.)

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Page 3 of 3



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Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____

