

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) Orders

2/2024

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1. Diagnosis _____

2. Treatment Start Date: _____ Date to follow up with provider, if needed: _____

3. **If not from CCH physician, send Face Sheet and H&P or most recent chart note.**

4. **Pre-medications** prior to Iron Infusion:

Acetaminophen 975mg PO x 1

OR

Acetaminophen (Ofirmev) 1000mg IV x 1

History of Transfusion Reaction: Solu-Medrol 125mg IV x 1.

5. **Dose calculation:**

Calculate dose using formula below.

$0.0442(\text{desired hemoglobin} - \text{observed hemoglobin}) \times \text{LBW} + (0.26 \times \text{LBW}) = \text{_____ Total dose (mL)}$

*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

6. **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 (MUST PICK ONE):

No Test Dose required. Patient has received Iron Dextran in the past.

Test Dose (Test dose is required with first dose only.):

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.

7. **Nursing orders:**

- Vitals prior to and after infusion

- Start IV saline lock or access implanted port per facility protocol.

- Patient should be reclined or semi-reclined during administration

- Monitor patient for 30 minutes after infusion. DO NOT discontinue IV until after 30 minutes of monitoring.

Labs to be drawn: _____

- If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider.

Administer emergency medications per CCH Infusion Center Hypersensitivity Orders

OR per the following order: _____

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____

