

Physician's Orders

IRON DEXTRAN (INFED) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Patient Name

DOB

MRN

Physician

CSN

Defaults for orders not otherwise specified below:

- ☐ Interval: Every 7 days (WEEKLY)
- ☐ Interval: Once (SINGLE REPLETION DOSE)

Duration:

- ☐ # of Treatments (WEEKLY)
- ☐ Once (SINGLE REPLETION DOSE)
- ☐ Until date: _____

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Site of Service

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CH Blodgett (GR) | <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington | <input type="checkbox"/> CH Reed City |
| <input type="checkbox"/> CH Gerber | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock | <input type="checkbox"/> CH Zeeland |
| <input type="checkbox"/> CH Greenville | | | |

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Appointment Requests

☒ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

Labs

	Interval	Duration
<input checked="" type="checkbox"/> Hemoglobin + Hematocrit (H+H)	Every 7 days Once	____ # of Treatments 1 Treatment
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
<input checked="" type="checkbox"/> Ferritin, Blood Level	Once	1 Treatment
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous, Once at initial treatment		
<input checked="" type="checkbox"/> Transferrin, Blood Level	Once	1 Treatment
<input checked="" type="checkbox"/> Iron and Iron Binding Capacity Level	Once	1 Treatment
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous, Once at initial treatment		
Labs: _____	Every ____ days	Until date: _____
	Once	____ # of Treatments

Nursing Orders

☒ ONC NURSING COMMUNICATION 10

MONITOR PATIENT FOR INFUSION REACTIONS: Anaphylactic-type reactions have been reported (use only where resuscitation equipment and personnel are available). A test dose should be administered to all patients prior to the first therapeutic dose. Anaphylactic and other hypersensitivity reactions have occurred even in patients who tolerated the test dose; observe for anaphylactic reactions during any iron dextran administration; fatalities have occurred with the test dose. A history of drug allergy (including multiple drug allergies) and/or the concomitant use of an ACE inhibitor may increase the risk of anaphylactic-type reactions.

Delayed (1-2 days) infusion reaction (including arthralgia, back pain, chills, dizziness, and fever) may occur with large doses (eg, total dose infusion) of IV iron dextran; usually subsides within 3-4 days.

☒ ONC NURSING COMMUNICATION 20

If patient develops adverse reaction STOP INFUSION IMMEDIATELY and Notify Physician

☒ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

IRON DEXTRAN (INFED) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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Nursing Orders (continued)

- ☒ Hypersensitivity Reaction Adult Oncology Protocol S Until discont'd

Routine, Until discontinued Starting when released for 24 hours

HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

Vitals

- ☒ Vital Signs
Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

Pre-Medications

- ☐ acetaminophen (TYLENOL) tablet 650 mg
650 mg, Oral, Once, Starting S, For 1 Dose
- ☐ diphenhydramine (BENADRYL) capsule 50 mg
50 mg, Oral, Once, Starting S, For 1 Dose

Medication – WEEKLY ONLY

INITIAL DOSE

- ☐ iron dextran complex (INFED) 25 mg in sodium chloride 0.9 % 50 mL IVPB
(test dose)
25 mg, Intravenous, administer over 5 Minutes (600 mL/hr), Once, Starting S, For 1 Dose at initial treatment
Must wait at least 1 hour or longer after test dose is given before administering remainder of dose.
- ☐ iron dextran complex (INFED) 75 mg in sodium chloride 0.9 % 50 mL IVPB
75 mg, Intravenous, administer over 15 Minutes (200 mL/hr), Once, Starting 60 minutes after treatment start time, For 1 dose a TEST DOSE should be given prior to starting iron dextran therapy. Must wait at least 1 hour or longer after test dose is given before administering remainder of dose.

SUBSEQUENT DOSES

- ☐ iron dextran complex (INFED) 100 mg in sodium chloride 0.9 % 50 mL IVPB
100 mg, Intravenous, administer over 15 Minutes (200 mL/min), Once, Starting S, For 1 Dose a TEST DOSE should be given prior to starting iron dextran therapy.

IRON DEXTRAN (INFED) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

Page 3 to 3

Patient Name

DOB

MRN

Physician

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Medication – SINGLE REPLETION DOSE ONLY

- ☐ iron dextran complex (INFED) 25 mg in sodium chloride 0.9 % 50 mL IVPB (test dose)
25 mg, Intravenous, administer over 5 Minutes (600 mL/min), Once, Starting S, For 1 Dose at initial treatment
Must wait at least 1 hour or longer after test dose is given before administering remainder of dose.

- ☐ **SINGLE REPLETION DOSE** iron dextran complex (INFED) in sodium chloride 0.9 % 500 mL IVPB
(Ordering provider must calculate and write in dose):

☐ _____ mg (Dose is calculated based on patient's lab values.)

☐ **1,000 mg**

Dose (mL) = 0.0442 (desired HGB - observed HGB) x LBW + (0.026 x LBW); Dose (mg) = dose (mL) x 50 mg/mL

LBW = lean body weight (kg); HGB = hemoglobin (g/dL)

If dose exceeds 1000 mg, remaining dose may be given after 4 weeks if adequate hemoglobin response.

Intravenous, Once, Starting 60 minutes after treatment start time, For 1 Dose.

Doses less than or equal to 100 mg should be infused over 15 min. Doses greater than 100 mg administer over 1 to 3 hours.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
			R.N. Sign		Physician Print	Physician Sign

EPIC VERSION DATE: 07/16/20