Spectrum Health

Physician's Orders
IRON DEXTRAN (INFED) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 2

Patient Name
DOB
MRN
Physician
FIN

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_____

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

Labs

	Interval	Duration
☑ 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		
☑ Ferritin, Blood Level	Once	1 Treatment
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous, Once at initial treatment		
☑ Transferrin, Blood Level	Once	1 Treatment
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous, Once at initial treatment		
☑ Iron and Iron Binding Capacity Level	Once	1 Treatment
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous, Once at initial treatment		
☐ Labs: _____	☐ Every ___ days ☐ Once	☐ Until date: _____ ☐ _____# 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.

Patient Name

DOB

MRN

Physician

FIN

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 Doses

☐ diphenhydrAMINE (BENADRYL) capsule 50 mg
50 mg, Oral, Once, Starting S, For 1 Doses

Medication – WEEKLY

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 %
500 mL IVPB
75 mg, Intravenous, administer over 3 Hours (166.7 ml/min), Once, Starting 60 minutes after treatment start time, For 1 Dose at initial treatment

SUBSEQUENT DOSES

☑ iron dextran complex (INFED) 100 mg in sodium chloride 0.9 %
500 mL IVPB
100 mg, Intravenous, administer over 4 Hours (125 mL/min), Once, Starting S, For 1 Dose
Administer total dose over 4 to 6 hours

Medication – SINGLE REPLETION 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/min), Once, Starting S, For 1 Dose
Must wait at least 1 hour or longer after test dose is given before administering remainder of dose.

☑ **SINGLE REPLETION DOSE: Dose is calculated based on patient's lab values.**
iron dextran complex (INFED) in sodium chloride 0.9 % 500 mL IVPB

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)

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

Intravenous, administer over 4 Hours, Once, Starting 60 minutes after treatment start time, For 1 Dose

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 #
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE:

