

Iron (Venofer/Feraheme/Monoferric)

Infusion Order Form – Page 1 of 2



Clinic Location

- Harbor Health Park Bend Clinic**
2200 Park Bend Drive, Bldg. 2, Suite 204, Austin, TX 78758
P: (512) 270-2104
F: (512) 233-2288

Patient Information

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____
ICD-10 code (required): _____ ICD-10 description: _____
 NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____
Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

Provider Information

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Supporting clinical notes (H&P) to support primary diagnosis
Has the patient tried and failed or have a contraindication to oral iron? Yes No
- Lab Results: CBC, iron, Ferritin, Transferrin, TIBC (iron orders) - (attach)
- PICC/Central line placement confirmation (if applicable)

Orders

NURSING

- Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).
NOTE: Benadryl and epinephrine will not be used for adverse reactions.
- Do not administer diphenhydramine PO or IV for pre-treatment or for adverse reactions to iron.

LABORATORY

- CBC every _____
 Other: _____

PRE-MEDICATION

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 cetirizine (Zyrtec) 10mg PO
 loratadine (Claritin) 10mg PO
 methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 hydrocortisone (Solu-Cortef) 100mg IV
 Other: _____
Dose: _____ Route: _____ Frequency: _____

THERAPY

Hold infusion for: Lab Results: _____ Vital Signs: _____

NOTE: If first iron choice is rejected by insurance due to the requirement of STEP therapy, default to the preferred iron product required from the benefits investigation.

Ferric derisomaltose (Monoferric) Dose & Frequency:

- Pts over 50kg, administer 1000mg IV over at least 20-mins as single dose. Dilute in 100ml NS
 Pts under 50kg, administer 20mg/kg IV over at least 20-mins as single dose. Dilute to final concentration of 1mg/ml

Iron sucrose (Venofer)

Dose	Add to	Length
<input type="checkbox"/> 200 mg	100 ml NS	16 mins
<input type="checkbox"/> _____ mg	_____ ml NS	_____ mins

Frequency:

- Once
 Every 2-3 days x _____ doses
 Daily x _____ doses
 Weekly x _____ doses
 Monthly x _____ doses
 Other: _____

Orders continued on next page

Iron (Venofer/Feraheme/Monoferic)

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Date: _____ Patient Name: _____ DOB: _____

Orders, cont.

- Ferumoxytol (Feraheme) Dose & Frequency:**
 - Initial 510mg infusion followed by a second 510mg infusion 3-8 days later. Dilute in 50 - 200ml 0.9% sodium chloride or 5% dextrose solution (final concentration 2mg - 8mg per ml)
 - Infuse over at least 15 minutes
 - No refills
 - Flush with 0.9% sodium chloride at infusion completion
 - Patient is required to stay for 30-minute observation

Special Instructions

NOTES:

Provider Name (Print): _____ Provider Signature: _____ Date: _____