

ORDERS ARE IN EFFECT UNLESS CROSSED OUT.
Exceptions: Orders preceded by a box (☐) require a ✓ to initiate order.
Orders with blanks indicate additional information is needed.

*Patient name: _____ *DOB: _____

*Diagnosis & ICD-10 code: ☐ Iron deficiency anemia D50.9 ☐ Iron deficiency E61.1 ☐ Other (specify) _____

Allergies: _____

Premedications (not usually necessary, should only be used if patient has a history of multiple drug allergies, asthma, active inflammatory bowel disease and/or a previous reaction to IV iron)

☐ Solu-medrol 125 mg IV ONCE

Infuse low molecular weight iron dextran/Infed ONCE per protocol:

First infusion: Administer 1000mg iron dextran IV in 250 mL NS

Test dose: Bolus 8 mL = 30mg over 5 minutes

Wait 15 minutes

If no infusion reaction, administer the remainder at 300mL/hr

For infusion reaction: Stop infusion

Wait 1 hour

Infuse remainder at 100mL/hr

Subsequent infusions: Omit test dose above.

Keep IV in place for 30 minutes after infusion in case of allergic reaction

PRN medications (if patient has an infusion reaction requiring any PRN medications, those will become premedications for subsequent infusions).

Tylenol 650mg PO ONCE PRN infusion reaction

Zofran 4mg IV ONCE PRN nausea/vomiting

Solu-medrol 125mg IV ONCE PRN infusion reaction

Discontinue IV if patient shows no sign of adverse reaction after 30 minutes

Discharge patient when complete, if stable

*Total # of infusions: _____

*Additional orders: _____

*Physician signature

*Date

*Time

*Denotes field that must be completed by healthcare worker

FAX order forms and consent(s) to 503-815-7515



Physician Order

Physician Order: Iron Dextran
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

{ Patient label }