

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
--	----------	-------------	----------

Provider Communication

☒ Provider communication	Once		1 treatment
Routine, Until discontinued Starting when released Until Specified Proceed with caution in patients with active systemic infection.			

Premedication is not required prior to infusion of iron dextran. If premedication is needed, such as in patients with multiple drug allergies, history of asthma, or history of reaction to iron products; consider premedication with hydrocortisone. For treatment of mild infusion reactions, consider treatment with hydrocortisone. Avoid use of diphenhydramine to be used as a premedication or treatment of mild reactions.

Pre-Procedure Labs

☐ Hemoglobin and hematocrit, blood	Once		1 treatment
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Ferritin	Once		1 treatment
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Iron + transferrin + TIBC	Once		1 treatment
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER)			

Post-Procedure Labs

☐ Hemoglobin and hematocrit, blood	Once	S+30	1 treatment
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Ferritin	Once	S+30	1 treatment
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ Iron + transferrin + TIBC	Once	S+30	1 treatment
Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER)			

Nursing Orders

☒ Treatment conditions	Once		1 treatment
Until discontinued Starting when released Until Specified Hold treatment and notify provider if Ferritin GREATER THAN 300 ng/mL			

	Interval	Defer Until	Duration
TSAT GREATER THAN 45% Temp GREATER THAN 38 C			
☒ Nursing communication Once Starting when released Instruct patient to set follow up appointment with provider for follow up labs.	Once		1 treatment
Pre-Medications			
☐ Pre-Medications ☐ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once, Starting when released	Once		1 treatment
☐ methylPREDNISolone sod suc (PF) (SOLU-Medrol) injection 125 mg 125 mg, intravenous, Administer over: 2 Minutes, Once, Starting when released	Once		1 treatment
Therapeutic Medications			
☒ Nursing communication Until discontinued Starting when released Until Specified Life-threatening anaphylactic reactions have occurred. Patient should be observed for anaphylactic reaction during any iron dextran administration.	Once		1 treatment
☒ iron dextran complex (Infed) 25 mg in sodium chloride 0.9 % 50.5 mL IVPB 25 mg, intravenous, Administer over: 5 Minutes, Once, Starting at treatment start time	Once		1 treatment
☒ IRON DEXTRAN IV ORDERABLE 1,000 mg 1,000 mg, intravenous, Administer over: 2.85 Hours, Once, Starting 60 minutes (1 hour) after treatment start time First iron dextran infusion, administer test dose followed by at least one hour of observation. If no hypersensitivity or infusion reaction with the test dose, administer first full therapeutic dose.	Once		1 treatment
☐ Nursing communication Until discontinued Starting when released Until Specified Life-threatening anaphylactic reactions have occurred. Patient should be observed for anaphylactic reaction during any iron dextran administration.	Once	S+1	1 treatment
☐ IRON DEXTRAN IV ORDERABLE 1,000 mg 1,000 mg, intravenous, Administer over: 2.85 Hours, Once, Starting when released	Once	S+1	1 treatment
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ Nursing communication Until discontinued Starting when released Until Specified Avoid intravenous or oral diphenhydrAMINE, move to next option in the algorithm. Adverse effects of diphenhydrAMINE may overlap with IV iron adverse effects such as flushing, hypotension, tachycardia.	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued

	Interval	Defer Until	Duration
☒ sodium chloride 0.9 % bolus 500 mL, intravenous, Administer over: 30 Minutes, Once as needed, hypersensitivity or infusion reaction, Starting when released, Until Discontinued For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ famotidine (Pepcid) IV 20 mg 20 mg, intravenous, Administer over: 15 Minutes, Once as needed, dose for hypersensitivity or infusion reaction, Starting when released, for 1 dose	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

Appointment Requests

☒ Infusion Appointment Request	Once	1 treatment
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature	Provider printed name	*Date	Time
---------------------	-----------------------	-------	------

*Provider phone#

***Denotes field that must be completed by healthcare worker**