

**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 ☐ Other (specify) \_\_\_\_\_

Allergies: \_\_\_\_\_

Code status: ☐ Full code ☐ DNR ☐ Other (specify) \_\_\_\_\_

**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-medron 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

**Additional orders:** \_\_\_\_\_

\*Healthcare provider's signature: \_\_\_\_\_ \*Date: \_\_\_\_\_ \*Time: \_\_\_\_\_

\*Denotes field that must be completed by healthcare worker

**FAX to 503-815-7515**

Physician Order Form: Iron Dextran

{ Patient label }



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