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

Orders:
- 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
- Hemoglobin + Hematocrit (H+H)

- Ferritin, Blood Level
  Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous, Once at initial treatment

- Transferrin, Blood Level

- Iron and Iron Binding Capacity Level
  Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous, Once at initial treatment

- Labs: _____________________________________
  Every _______ days
  Until date: ______

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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### 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 %**
  - 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 %**
  - 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 %**
  - 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 REPLATION DOSE

- **iron dextran complex (INFED) 25 mg in sodium chloride 0.9 %**
  - 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 REPLATION 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)
  - If dose exceeds 1000 mg, remaining dose may be given after 4 weeks if adequate hemoglobin response.
  - Intravenous, administer over 4 Hours, Once, Starting 60 minutes after treatment start time, For 1 Dose

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**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.

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