Delta Medical Infusion
479-445-6833 or 479-445-6032

Patient Name: ______________________

Date of Birth: ______________ Weight: __________

IV Access: ______________ Height: __________

Allergies: ______________________

# Iron Order Form

- **Orders are initiated unless crossed out by provider.**
- ❑ **Box must be checked to initiate order.**

## Diagnoses:

| | |
|---|---|
| ❑ Iron Deficiency Anemia secondary to blood loss | ICD-10: D50.0 |
| ❑ Iron Deficiency Anemia secondary to inadequate dietary intake | ICD-10: D50.8 |
| ❑ Unspecified Iron Deficiency Anemia | ICD-10: D50.9 |
| ❑ Other: ______________________ | ICD-10: __________ |

## Medication Orders:

❑ Iron Sucrose (Venofer): __________ mg IV every ________ days for __________ doses.
(Optimal frequency is ≤ 3 times weekly)

❑ Ferric Carboxymaltose (Injectafer): ❑ 15 mg/kg (max 750 mg) IV every 7 days for 2 doses
❑ Alternate instructions: ______________________

❑ Other formulation: ______________________

______________________

- Alteplase 2mg IV to declot central IV access per protocol as needed for occlusion.
- Flush line with 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- Infusion Reaction Management per Protocol as needed.

## Nursing Orders:

- Obtain vital signs before start of therapy.
- Observe for hypotension and have Infusion Reaction Management kit with 0.9% Sodium Chloride immediately available.
- RN to insert Peripheral IV, rotate sites as needed, and remove after completion of therapy.

❑ Other: ______________________

## Labs:

| | | |
|---|---|---|
| ❑ CBC w/ diff | ❑ 1 week after therapy completion | ❑ every __________ |
| ❑ Serum ferritin | ❑ 1 week after therapy completion | ❑ every __________ |
| ❑ TIBC (includes iron & transferritin sat.) | ❑ 1 week after therapy completion | ❑ every __________ |
| ❑ Other: ______________________ | every __________ | |

______________________
*Prescriber Signature*

______________________
*Date*

______________________
*Please Print Name*



Form # 309