

**PRACTITIONER PRE-PRINTED ORDERS**  
**Intravenous Iron Therapy**

To complete the order form, fill in required blanks and/or check the appropriate boxes.  
Bulleted items will be initiated automatically.  
To delete orders, draw one line through the item and initial.

<b>Allergies:</b> <b>See Allergy / Intolerance Record</b>	Patient Weight Est. _____ kg Actual _____ kg
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	<p><b><u>Diagnostic and Inclusion Criteria (Choose One)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Iron-deficiency anemia (IDA) in chronic kidney disease, not on in-centre hemodialysis</li> <li><input type="checkbox"/> IDA in non-renal patients unable to tolerate or absorb oral iron therapy</li> <li><input type="checkbox"/> All patients who have failed oral iron therapy and:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Require a surgical procedure at high risk of blood loss AND hemoglobin less than 130g/L</li> <li><input type="checkbox"/> Pregnant with hemoglobin less than 110g/L</li> <li><input type="checkbox"/> Signed Blood Products Refusal form</li> </ul> </li> <li><input type="checkbox"/> <u>Inpatients:</u> Post-operative or post-partum hemoglobin between 50-120g/L</li> </ul>
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	<p><b><u>Investigations or Tests</u></b></p> <p><b>NOTE:</b> If Transferrin Saturation (TSAT) is greater than 50% or ferritin greater than 500mcg/L, notify ordering physician</p> <ul style="list-style-type: none"> <li>• CBC (1 month prior to planned surgery for pre-operative patients)</li> <li><input type="checkbox"/> Ferritin if not already done</li> <li><input type="checkbox"/> Iron, TIBC if not already done</li> </ul> <p><b><u>Additional Blood Work for patients receiving Maintenance IV Iron Therapy</u></b></p> <ul style="list-style-type: none"> <li>• CBC, Iron and TIBC monthly x3, then q3 months</li> <li>• Ferritin q3months at least 1 week after last dose IV iron</li> </ul>
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	<p><b><u>Consults / Referrals</u></b></p> <p><b>NOTE:</b> For inpatient use only; outpatient facilities to use existing methods of consultation</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gastroenterology</li> <li><input type="checkbox"/> Hematology</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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	<p><b><u>Treatments</u></b></p> <ul style="list-style-type: none"> <li>• Initiate 250 mL 0.9% sodium chloride IV at 30 mL/hr</li> </ul>
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	<p><b><u>Observation</u></b></p> <ul style="list-style-type: none"> <li>• Refer to Intravenous Iron Therapy Care Plan (<a href="#">RQHR 1598</a>)</li> <li>• Baseline vital signs prior to start of iron infusion and at end of infusion</li> <li>• Observe peripheral IV site for pain, redness or swelling prior to initiating infusion and q15-30 minutes until infusion complete</li> <li>• Observe for signs of allergic reactions (Refer to Appendix A) for first 15 minutes after initiation of all doses and q15min during infusion, and 30 minutes after end of infusion</li> </ul>
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**Medication**

- Hold oral iron while receiving IV iron
- Administer 1<sup>st</sup> dose IV iron in monitored resuscitative facility where physician/code team available
- Complete for one of the indications listed below:

**1. Iron-Deficiency Anemia in Chronic Kidney Disease (Not on in-centre hemodialysis) or Non-Renal Patients unable to use oral iron**

Loading Dose:

- iron sucrose (Venofer<sup>®</sup>) 300 mg IV q2weeks x 3 doses
- iron gluconate (Ferrlecit<sup>®</sup>) 125 mg IV TWICE weekly x 3 weeks (Total 6 doses)
- Other: \_\_\_\_\_

Maintenance Dose:

- iron sucrose (Venofer<sup>®</sup>) 200 mg IV q month x \_\_\_\_\_ months
- iron gluconate (Ferrlecit<sup>®</sup>) 125 mg IV q month x \_\_\_\_\_ months
- Other: \_\_\_\_\_

**2. Pre-operative Patients**

Recommended Dose: Total iron deficit = Weight[kg] x (130 – Actual Hgb *in g/L*) x **0.24** + iron stores[mg]

NOTE: 500 mg iron for iron stores is recommended if body weight is greater than 35 kg. If less than 35 kg, use 15 mg/kg. **Give doses at least 24 hours apart; Max 1000 mg per week**

- iron sucrose (Venofer<sup>®</sup>) (preferred) – *Select dose:*  
 100 mg  200 mg  300 mg IV q \_\_\_\_\_ days x \_\_\_\_\_ doses
- iron gluconate (Ferrlecit<sup>®</sup>) 125 mg IV q \_\_\_\_\_ days x \_\_\_\_\_ doses

**3. Post-operative Patients**

- iron sucrose (Venofer<sup>®</sup>) (preferred) – *Select dose:*  
 100 mg  200 mg  300 mg IV q \_\_\_\_\_ days x \_\_\_\_\_ doses
- iron Gluconate (Ferrlecit<sup>®</sup>) 125 mg IV q \_\_\_\_\_ days x \_\_\_\_\_ doses

**4. Post-partum and Post Caesarean section Patients**

- iron sucrose (Venofer<sup>®</sup>) (preferred) – *Select dose:*  
 100 mg  200 mg  300 mg IV once daily x 2 doses
- iron Gluconate (Ferrlecit<sup>®</sup>) 125 mg IV once daily x 2 doses

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**Management of Acute Hypersensitivity Reactions (All patients) - Refer to Appendix A**

- If allergic reaction, **STOP** iron infusion, and inform MRP
- Have readily available and administer PRN for acute hypersensitivity reactions:
  - 300 mL 0.9% sodium chloride IV bolus x1 per gravity tubing
  - hydrocortisone 100 mg IV once
  - salbutamol METERED DOSE INHALER (MDI) 100 mcg 2 – 4 puffs q15 – 20 min x 3 doses for respiratory symptoms
  - EPINEPHrine IM STAT if directed by prescriber. Repeat q5min PRN x 2. Dose by weight using 1 mg/mL concentration:

Weight (kg)	Dose (mL)
45 kg or greater	0.5
35 - 44.9	0.4
25 - 34.9	0.3
15 - 24.9	0.2

Or if available, administer EpiPen® 0.3 mg dose. Repeat q5min PRN x 2

**Discharge**

- If patient requires outpatient IV Iron Therapy, fax orders to:
  - Infusion Clinic (Pasqua Hospital) at 306-766-2881
  - Other: \_\_\_\_\_
- # of doses given in hospital: \_\_\_\_\_ Last dose given: \_\_\_\_\_ (Date)  
(Nurse completing above information initials \_\_\_\_\_)
- If stable after acute hypersensitivity reaction for 1 – 4 hours, may discharge patient home

**Other**

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**Appendix A: Iron Infusion Hypersensitivity Reactions Management Algorithm**

**Increased risk and/or severity of Reactions**

- Previous reaction to IV iron
- History of drug allergy or allergies
- Severe asthma or eczema
- Severe respiratory or cardiac disease
- Systemic inflammatory disease (e.g. Rheumatoid arthritis, lupus)
- Elderly (65 years old and above)
- Pregnancy (first trimester)
- Treatment with beta-blockers, ACE inhibitors
- Mastocytosis (increased mast cells)
- Anxiety

