PRACTITIONER PRE-PRINTED ORDERS
Iron Isomaltoside (Monoferric™) Therapy
for use in Ambulatory Care ONLY

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.

Allergies:
See Allergy / Intolerance Record

<table>
<thead>
<tr>
<th>Posted Initial</th>
<th>ORDERS AND SIGNATURE</th>
</tr>
</thead>
</table>

Diagnostic and Inclusion Criteria (Choose One)
● All patients who have a hemoglobin less than 130 g/L and who have failed or are unable to tolerate oral iron therapy and:
  □ Iron-deficiency anemia (IDA) in chronic kidney disease, not covered by SAIL (dialysis and transplant patients)
  □ IDA in non-renal patients
  □ All patients requiring a surgical procedure at high risk of blood loss AND hemoglobin less than 130g/L
  □ Signed Blood Products Refusal form
  □ Post-operative or post-partum hemoglobin between 50 g/L to 120 g/L

Exclusion Criteria
● Patients without recent (within one month) iron study completed
● All patients with a Transferrin Saturation (TSAT) equal to or greater than 20%

NOTE: Patient will NOT be booked as an outpatient in Ambulatory Care unless all information is provided:
- Hgb: ____________ g/L
- Ferritin: ____________ mcg/L
- Fe: ____________ mmol/L
- TIBC: ____________ mmol/L
- TSAT: ____________%

Treatments
● Initiate 250 mL 0.9% sodium chloride IV at 30 mL/hr

Observation
● Baseline vital signs prior to start of iron infusion and at end of infusion
● Observe peripheral IV site for pain, redness, or swelling prior to initiating infusion and q15-30 minutes until infusion complete
● 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

Medication
● Hold oral iron while receiving intravenous iron and one week following completion of IV iron therapy
● Cumulative iron requirement determined with the Simplified Table on Page 2
● To determine the iron isomaltoside dose for patients that received iron gluconate or iron sucrose within the past month, calculate iron requirement using the Simplified Table and subtract the iron [mg] already administered. The remaining calculated iron requirement should be rounded to the nearest 500 mg and administered as iron isomaltoside.
● **Maximum single dose iron isomaltoside (Monoferric™) is 20 mg/kg or 1000 mg, whichever is less**

Date & Time

Practitioner Signature:

Practitioner Name (printed):

Version: April 2020
Approved by: Department of Medicine
Revision Date: August 2022

Form No.: PP-673
PRACTITIONER PRE-PRINTED ORDERS
Iron Isomaltoside (Monofer™) Therapy
for use in Ambulatory Care ONLY

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.

Allergies:
See Allergy / Intolerance Record

<table>
<thead>
<tr>
<th>Patient Weight</th>
<th>Est. _____ kg  Actual _____ kg</th>
</tr>
</thead>
</table>

ORDERS AND SIGNATURE

Simplified Table for Iron Requirements (Choose One):

<table>
<thead>
<tr>
<th>Hemoglobin (g/L)</th>
<th>Total Iron Dose</th>
<th>Patient body weight less than 50 kg</th>
<th>Patient body weight greater than 50 kg</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ 500 mg</td>
<td>□ 1000 mg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 500 mg, then: 500 mg given in _____ weeks (minimum 1 week interval)</td>
<td>□ 1000 mg</td>
</tr>
</tbody>
</table>

Iron Isomaltoside Therapy for Patients That Have Already Received Intravenous Iron Therapy
□ Iron isomaltoside _______ mg (20 mg/kg; round to nearest 500 mg) IV Q weekly x _______ doses to a maximum of 1000 mg
● Indicate intravenous iron therapy already received: ____________________________

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:
  ● 500 mL 0.9% sodium chloride IV bolus x 1 per gravity tubing
  ● hydrocortisone 100 mg IV x 1
  ● 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

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Dose (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 kg or greater</td>
<td>0.5</td>
</tr>
<tr>
<td>35 – 44.9</td>
<td>0.4</td>
</tr>
<tr>
<td>25 – 34.9</td>
<td>0.3</td>
</tr>
<tr>
<td>15 – 24.9</td>
<td>0.2</td>
</tr>
</tbody>
</table>

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

● Fax orders (and Hgb, Ferritin, Fe, TIBC results, if available) to:
  □ Infusion Clinic (Pasqua Hospital) at 306-766-2881
  □ Other: ____________________________

Date & Time

Practitioner Signature:

Practitioner Name (printed):

Version: April 2020
Approved by: Department of Medicine
Revision Date: August 2022

Form No.: PP-673
Appendix A: Iron Infusion Hypersensitivity Reactions Management Algorithm

**Iron Isomaltoside (Monoferric™) Therapy for use in Ambulatory Care ONLY**

**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

**MILD HYPERSENSITIVE REACTION**
- Itching, flushing, urticaria, sensation of heat, slight chest tightness, hypertension, back/joint pains

**MANAGEMENT**
- Stop iron infusion for 15 min or more
- Inform MRP
- Monitor pulse, BP, RR, spO2
- Wait and watch for 15 min (progression or resolution of symptoms)

**PATIENT WELL**
- Restart iron infusion at a reduced rate
- (50%)
- If tolerating well, complete infusion

**PATIENT NOT WELL**
- After 5-10 minutes, or deteriorating

**SYMPTOMS RECUR**
- Stop iron infusion
- Manage as above
- Document event

**SEVERE/ LIFE THREATENING HYPERSENSITIVE REACTION**
- Sudden onset and rapid aggravation of symptoms + wheezing/ stridor, periorbital edema, increased pallor and clamminess, cyanosis, loss of consciousness, cardiac/respiratory arrest

**MANAGEMENT**
- Treat as for Moderate Reaction AND
- Stop iron infusion
- Call CODE Blue/MRP/EMS (911)
- Place in supine position
- O2 by non-rebreather face mask (equal to or greater than 10L/min)
- Consider increasing Volume Load (e.g. Give 500 mL IV NS bolus)
- Consider Hydrocortisone
- Consider Salbutamol

**PATIENT NOT WELL**
- After 5-10 minutes, or deteriorating

**MRP may consider transfer to higher level of care or intensive care facility**

**MODERATE HYPERSENSITIVE REACTION**
- Same as Mild reaction + transient cough, flushing, chest tightness, nausea, shortness of breath, urticaria, tachycardia, hypotension – (systolic BP drop of 25mmHg or greater)

**MANAGEMENT**
- Treat as for Mild Reaction AND
- Stop iron infusion
- Inform MRP
- Place in supine position
- O2 by non-rebreather face mask (equal to or greater than 10L/min)
- Consider increasing Volume Load (e.g. Give 500 mL IV NS bolus)
- Consider Hydrocortisone
- Consider Salbutamol

**PATIENT NOT WELL**
- After 5-10 minutes, or deteriorating

**PATIENT NOT WELL**
- Observe for 1-4 hours
- Document event and discharge home if stable
- Consider future treatment strategy

**PATIENT WELL**
- After 5-10 minutes, or deteriorating

**Increased risk and/or severity of Reactions**
- Elderly (65 years old and above)
- Pregnancy (first trimester)
- Treatment with beta-blockers, ACE inhibitors
- Mastocytosis (increased mast cells)
- Anxiety

**SEVERE/ LIFE THREATENING HYPERSENSITIVE REACTION**
- Sudden onset and rapid aggravation of symptoms + wheezing/stridor, periorbital edema, increased pallor and clamminess, cyanosis, loss of consciousness, cardiac/respiratory arrest

**MANAGEMENT**
- Treat as for Moderate Reaction AND
- Stop iron infusion
- Call CODE Blue/MRP/EMS (911)
- Place in supine position
- O2 by non-rebreather face mask (equal to or greater than 10L/min)
- Consider increasing Volume Load (e.g. Give 500 mL IV NS bolus)
- Consider Hydrocortisone 100 mg IV x 1
- Consider Salbutamol 100 mcg 2 – 4 puffs by Metered Dose Inhaler (MDI) q15-20min X 3 doses
- Epinephrine 1mg/mL or Epipen® IM STAT (dose per weight)
- ACLS (if necessary)