

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	Patient Weight Est. _____ kg Actual _____ kg
--	---

Posted Initial	ORDERS AND SIGNATURE	Page 1 of 2
----------------	-----------------------------	--------------------

	<p><u>Diagnostic and Inclusion Criteria (Choose One)</u></p> <ul style="list-style-type: none"> ● All patients who have a hemoglobin less than 130 g/L and who have failed or are unable to tolerate oral iron therapy and: <ul style="list-style-type: none"> <input type="checkbox"/> Iron-deficiency anemia (IDA) in chronic kidney disease, not covered by SAIL (dialysis and transplant patients) <input type="checkbox"/> IDA in non-renal patients <input type="checkbox"/> All patients requiring a surgical procedure at high risk of blood loss AND hemoglobin less than 130g/L <input type="checkbox"/> Signed Blood Products Refusal form <input type="checkbox"/> Post-operative or post-partum hemoglobin between 50 g/L to 120 g/L <p><u>Exclusion Criteria</u></p> <ul style="list-style-type: none"> ● Patients without recent (within one month) iron study completed ● All patients with a Transferrin Saturation (TSAT) equal to or greater than 20% <p>NOTE: Patient will NOT be booked as an outpatient in Ambulatory Care unless all information is provided:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Hgb: _____ g/L</td> <td style="width: 50%;">Results:</td> </tr> <tr> <td>Ferritin: _____ mcg/L</td> <td><input type="checkbox"/> Attached/faxed to Infusions Clinic</td> </tr> <tr> <td>Fe: _____ mmol/L</td> <td><input type="checkbox"/> Available in SCM</td> </tr> <tr> <td>TIBC: _____ mmol/L</td> <td></td> </tr> <tr> <td>TSAT: _____ %</td> <td></td> </tr> </table>	Hgb: _____ g/L	Results:	Ferritin: _____ mcg/L	<input type="checkbox"/> Attached/faxed to Infusions Clinic	Fe: _____ mmol/L	<input type="checkbox"/> Available in SCM	TIBC: _____ mmol/L		TSAT: _____ %	
Hgb: _____ g/L	Results:										
Ferritin: _____ mcg/L	<input type="checkbox"/> Attached/faxed to Infusions Clinic										
Fe: _____ mmol/L	<input type="checkbox"/> Available in SCM										
TIBC: _____ mmol/L											
TSAT: _____ %											

	<p><u>Treatments</u></p> <ul style="list-style-type: none"> ● Initiate 250 mL 0.9% sodium chloride IV at 30 mL/hr
--	---

	<p><u>Observation</u></p> <ul style="list-style-type: none"> ● 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
--	--

	<p><u>Medication</u></p> <ul style="list-style-type: none"> ● 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):

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	Patient Weight Est. _____ kg Actual _____ kg
--	---

Posted Initial	ORDERS AND SIGNATURE	Page 2 of 2
----------------	-----------------------------	--------------------

Simplified Table for Iron Requirements (Choose One):

Total Iron Dose		
Hemoglobin (g/L)	Patient body weight less than 50 kg	Patient body weight greater than 50 kg
100 or greater	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1000 mg
Less than 100	<input type="checkbox"/> 500 mg, then: 500 mg given in _____ weeks (minimum 1 week interval)	<input type="checkbox"/> 1000 mg

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: _____
 (Drug and total dose in mg)

Last dose given: _____ (Date) (Nurse completing above information initials _____)

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

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

- 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):

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

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

