

### 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: Patient Weight        |  |                               |                          |                                       |  |  |  |
|----------------------------------|--|-------------------------------|--------------------------|---------------------------------------|--|--|--|
| See Allergy / Intolerance Record |  |                               | Estkg Actualkg           |                                       |  |  |  |
| Posted                           | ODDEDS AND SIG   | NATUDE                        |                          |                                       |  |  |  |
| Initial                          | ORDERS AND SIG   | SNATUKE                       |                          | Page 1 of 2                           |  |  |  |
|                                  | Diagnostic and In  | clusion Criteria (Choose      | e One)                   |                                       |  |  |  |
|                                  |  | ave 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   |                               |                          |                                       |  |  |  |
|                                  | <ul><li>☐ Signed Blood Products Refusal form</li><li>☐ Post-operative or post-partum hemoglobin between 50 g/L to 120 g/L</li></ul>  |                               |                          |                                       |  |  |  |
|                                  | Exclusion Criteria   |                               |                          |                                       |  |  |  |
|                                  |  |                               |                          |                                       |  |  |  |
|                                  | <ul> <li>Patients without recent (within one month) iron study completed</li> <li>All patients with a Transferrin Saturation (TSAT) equal to or greater than 20%</li> </ul>  |                               |                          |                                       |  |  |  |
|                                  |  |                               |                          |                                       |  |  |  |
|                                  |  | -                             |                          | unless all information is provided:   |  |  |  |
|                                  |  | g/L                           | Results:                 |                                       |  |  |  |
|                                  |  | mcg/L                         | ☐ Attached/fa            | ixed to Infusions Clinic              |  |  |  |
|                                  | Fe:  | mmol/L                        | ☐ Available in           | SCM                                   |  |  |  |
|                                  | TIBC:  | mmol/L                        |                          |                                       |  |  |  |
|                                  | TSAT:  | %                             |                          |                                       |  |  |  |
|                                  | <u>Treatments</u>  |                               |                          |                                       |  |  |  |
|                                  | Initiate 250 mL 0.9% sodium chloride IV at 30 mL/hr  |                               |                          |                                       |  |  |  |
|                                  | Observation  |                               |                          |                                       |  |  |  |
|                                  | <ul> <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</li> </ul> |                               |                          |                                       |  |  |  |
|                                  | until infusion complete  |                               |                          |                                       |  |  |  |
|                                  | <ul> <li>Observe for signs of allergic reactions (Refer to Appendix A) for first 15 minutes after initiation of all<br/>doses and q15min during infusion, and 30 minutes after end of infusion</li> </ul>          |                               |                          |                                       |  |  |  |
|                                  |  | n during intusion, and 30 mir | nutes after end of infus | ion                                   |  |  |  |
|                                  | <ul> <li>Medication</li> <li>Hold oral iron while receiving intravenous iron and one week following completion of IV iron therapy</li> </ul>   |                               |                          |                                       |  |  |  |
|                                  |  | equirement determined with    |                          |                                       |  |  |  |
|                                  | • 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. The remaining calculated from requirement should be rounded to the hearest 500 mg and administered as iron isomaltoside.   |                               |                          |                                       |  |  |  |
|                                  |  |                               | lonoferric™) is 20 mç    | g/kg or 1000 mg, whichever is less    |  |  |  |
| Date &                           | & Time   |                               |                          |                                       |  |  |  |

Version: April 2020 Form No.: PP-673

**Practitioner Signature:** 

Approved by: Department of Medicine Revision Date: August 2022



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|---|---|--|-----------------------|-------------------------------|-------------|--|
| Allergies: See Allergy / Intolerance Record |   |  |                       | Patient Weight Estkg Actualkg |             |  |
| Posted<br>Initial                           | ORDERS AND SIGNATURE  |  |                       |                               | Page 2 of 2 |  |
|   | Simplified Table for Iron Requirements (Choose One):  |  |                       |                               |             |  |
|   |   |  | Iron Dose             |                               |             |  |
|   | Hemoglobin (g/L)  | Patient body weight less than 50 kg  |                       | ody weight<br>than 50 kg      |             |  |
|   | 100 or greater  | □ 500 mg   | ☐ 1000 mg             |                               |             |  |
|   | Less than 100   | ☐ 500 mg, then: 500 mg<br>given in weeks<br>(minimum 1 week interval)  | ☐ 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) |  |                       |                               |             |  |
|   | ● Fax orders (and Ho □ Infusion Clinic  | 45 kg or greater 35 – 44.9 25 – 34.9 15 – 24.9 available, administer EpiPen® ( gb, Ferritin, Fe, TIBC results, if a (Pasqua Hospital) at 306-766-2 | available) to:<br>881 |                               |             |  |

| Date & Time | Practitioner Signature:      |
|-------------|------------------------------|
|             | Practitioner Name (printed): |

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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

# 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

# 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 WELL**

- Observe for 1-4 hours
- Document event and discharge home if stable
- Consider future treatment strategy

# 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)
- Hydrocortisone 100 mg IV x 1
- Salbutamol 100 mcg 2 4 puffs by Metered Dose Inhaler (MDI) q15 - 20min X 3 doses
- Epinephrine 1mg/mL or Epipen<sup>®</sup>
   IM STAT (dose per weight)
- ACLS (if necessarv)

#### **PATIENT NOT WELL**

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

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