

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Provider Orders for:  
Iron Intravenous Infusion**

= must check off to order /  automatically initiated unless crossed out

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_

- Height and Weight on Admission
- Vital Signs per protocol
- Oxygen 2L/min via nasal cannula, PRN dyspnea

**IV Line Patency Maintenance:**

- NS IV 250 mL at 30 mL/hr during infusion
- Flush central line with 5 mL heparin 100 units/mL IV

**Supportive Medications:**

- acetaminophen 650 mg PO times 1
- methylPREDNISolone (Solu Medrol) 125 mg IV Pre-test dose

IF high risk/history of reaction then:

- methylPREDNISolone (Solu Medrol) 125 mg IV Post IRON INFUSION

**PRN Medications:**

- diphenhydrAMINE (Benadryl) 25 mg IV times 1, **PRN** pruritus
- famotidine (Pepcid) 20 mg IV times 1, **PRN** pruritus
- See Anaphylactic Reaction Med-Induced Physician Orders (Form #83EANAPX)

**Other Medications:** \_\_\_\_\_

IF **total** dose iron given within past 6 months, test dose **NOT** needed

Treatment Order	Total Daily Dose	IV Solution	Route	Infusion Time
iron dextran ( <b>test dose</b> )	25 mg	50 mL NS	IV	10 min
<b>Wait 60 minutes. If no reaction, continue as ordered below.</b>				
<b>Infusion Instructions: ALL doses to run at rate of 16.6 mg/min</b>				
iron dextran ( <b>total dose</b> )	<input type="checkbox"/> 1000 mg	250 mL NS	IV	60 mins
(rate 16.6 mg/min)	<input type="checkbox"/> 1500 mg	500 mL NS	IV	90 mins
	<input type="checkbox"/> 2000 mg	500 mL NS	IV	2 hrs
<b>*Observe patient for one-hour Post infusion</b>				

**Other Orders:** \_\_\_\_\_

Authorized Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
**83EIRON 03/19** (for verbal/telephone orders)