ONE CARE infusion pharmacy

Iron Order Form

DEMOGRAPHICS

PatientName:_____ DateofBirth:_____ Gender:❑F❑M

Home Phone:_____ Cell:_____ Work:_____

Address:_____

City:_____ State:_____ Zip:_____

LegallyResponsibleRepresentative:_____ RelationshiptoPatient:_____

Diagnoses:

❑Iron Deficiency Anemia secondary toblood loss	ICD-10:D50.0
❑ Iron Deficiency Anemia secondary to inadequatedietaryintake	ICD-10:D50.8
❑ Unspecified IronDeficiencyAnemia	ICD-10:D50.9
❑ Other:_____	ICD-10:_____

Medication Orders:

❑ IronSucrose(Venofer):_____mgevery_____daysfor_____doses.

**Optimal frequency is ≤ 3 times weekly

❑ Other:_____

- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed forocclusion.
- Flush line with 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutionsprotocol.
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1ratio).
- Infusion Reaction Management per Infusion Solutions Protocol asneeded.

Nursing Orders:

- Obtain vital signs before start oftherapy.
- Observe for hypotension and have Anaphylaxis kit with 0.9% Sodium Chloride immediatelyavailable.
- RN to insert Peripheral IV, rotate sites every 72-120 hours, and remove after completion oftherapy.

❑ Other:_____

Labs:

❑ CBC w/diff	❑weekly	❑every_____
❑ Serumferritin	❑weekly	❑every_____
❑ TIBC (includes iron &transferritinsat.)	❑weekly	❑every_____

❑ Other:_____every_____

_____ _____

PrescriberSignature *Date*

_____

Please Print Name *NPI*