Eaton Rapids Medical Center Specialty Clinics
TEL 517.663.9403 • FAX 517.663.8615
Entrance A • 1500 South Main
Eaton Rapids, Michigan 48827
www.eatonrapidsmedicalcenter.org

Iron Infusion Orders

Patient Name: _____ Allergies: _____

Date of Birth: _____ Height: _____ Weight: _____

Diagnosis: _____

Venofer (Iron Sucrose)

☐ Venofer Test Dose: 25mg in 50mL 0.9% Sodium Chloride intravenously over 15 minutes

☐ Venofer 500 mg in 250 mL 0.9% Sodium Chloride ____ doses intravenously over 3.5 hours

☐ Venofer 400 mg in 250 mL 0.9% Sodium Chloride ____ doses intravenously over 2.5 hours

☐ Venofer 300 mg in 100 mL 0.9% Sodium Chloride ____ doses intravenously over 1.5 hours

☐ Venofer 200 mg in 100 mL 0.9% Sodium Chloride ____ doses intravenously over 30 minutes

**Usual total cumulative dose – 1000 mg divided doses

Frequency – Give doses at least 7 days apart (400mg and 500mg doses need to be at least 2 weeks apart)

INJECTAFER (Ferric Carboxymaltose)

☐ Patient weighing less than 50 kg (110 lbs)

Dose: Injectafer 15 mg/kg IV

Frequency: Give 2 doses at least 7 days apart not to exceed 1500 mg

☐ Patient weighing more than 50 kg (110 lbs)

Dose: Injectafer 750 mg IV

Frequency: Give 2 doses at least 7 days apart not to exceed 1500 mg

Pre Medications:

☐ Acetaminophen 650mg PO x 1 dose

☐ Dexamethasone 10mg IVP over 5 minutes x 1 dose

☐ Diphenhydramine 25mg IVP over 1 minute x 1 dose

☐ Famotidine 20mg IVP over 3 minutes x 1 dose

Patients will be discharged home after treatment is complete and vitals are stable unless ordered otherwise.

_____ _____
Ordering Physician Name Contact Phone Number

_____ _____ _____
Date Time Ordering Physician Signature