



IRON INFUSION ORDERS

Patient Name: _____ Allergies: _____
Date of Birth: _____ Height: _____ Weight: _____
Date of Draw: _____ Lab Results: _____ Diagnosis: _____
Laboratory Used: Send Report (If not done at ERMIC) _____

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 (14 days apart)
- Venofer 400 mg in 250 mL 0.9% Sodium Chloride _____ doses intravenously over 2.5 hours (14 days apart)
- Venofer 300 mg in 250 mL 0.9% Sodium Chloride _____ doses intravenously over 1.5 hours
- Venofer 200 mg in 100 mL 0.9% Sodium Chloride _____ doses intravenously over 15 minutes
- Undiluted Venofer 200mg slow IV push over 5 minutes

Usual total cumulative dose – 1000 mg divided doses

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.

- All lines will be flushed upon IV start and following infusion with 10ml Saline flush. When indicated, Heparin flush, per protocol.

Ordering Physician Printed Name

Contact Phone Number

Date

Time

Ordering Physician Signature