

Iron Order Form

DEMOGRAPHICS

PatientName: _____ DateofBirth: _____ Gender: ☐F ☐M

Home Phone: _____ Cell: _____ Work: _____

Address: _____

City: _____ State: _____ Zip: _____

LegallyResponsibleRepresentative: _____ RelationshiptoPatient: _____

Diagnoses:

- | | |
|--|---------------|
| <input type="checkbox"/> Iron Deficiency Anemia secondary to blood loss | ICD-10:D50.0 |
| <input type="checkbox"/> Iron Deficiency Anemia secondary to inadequate dietary intake | ICD-10:D50.8 |
| <input type="checkbox"/> Unspecified Iron Deficiency Anemia | ICD-10:D50.9 |
| <input type="checkbox"/> Other: _____ | ICD-10: _____ |

Medication Orders:

- ☐ Iron Sucrose (Venofer): _____ mg every _____ days for _____ doses.
**Optimal frequency is ≤ 3 times weekly
- ☐ Other: _____
- ☐ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- ☐ Flush line with 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- ☐ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- ☐ Infusion Reaction Management per Infusion Solutions Protocol as needed.

Nursing Orders:

- ☐ Obtain vital signs before start of therapy.
- ☐ Observe for hypotension and have Anaphylaxis kit with 0.9% Sodium Chloride immediately available.
- ☐ RN to insert Peripheral IV, rotate sites every 72-120 hours, and remove after completion of therapy.
- ☐ Other: _____

Labs:

- | | |
|--|--|
| <input type="checkbox"/> CBC w/diff | <input type="checkbox"/> weekly <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Serum ferritin | <input type="checkbox"/> weekly <input type="checkbox"/> every _____ |
| <input type="checkbox"/> TIBC (includes iron & transferritin sat.) | <input type="checkbox"/> weekly <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Other: _____ | every _____ |

Prescriber Signature

Date

Please Print Name

NPI