



MEDICATION ORDERS

IV IRON

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PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change <input type="checkbox"/> Order Renewal

DIAGNOSIS AND ICD 10 CODE	
<input type="checkbox"/> Iron Deficiency Anemia	ICD 10 Code: D50.9
<input type="checkbox"/> Iron Deficiency due to Blood Loss	ICD10 Code: D50.0
<input type="checkbox"/> Other: _____	ICD10 Code: _____
Is your patient unable to tolerate, or had inadequate response to oral iron supplements? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REQUIRED DOCUMENTATION/TESTING	
<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/Progress notes, including H&P
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Documentation of unable to tolerate or inadequate response to oral iron supplements
<input type="checkbox"/> CBC and Iron Panel (including Ferritin and T-Sat %) current within 30 days	<input type="checkbox"/> Labs and Tests supporting primary diagnosis

MEDICATION ORDERS	
<input checked="" type="checkbox"/> Order and infuse IV Iron as clinically indicated. IV iron product selection is based on insurance payer policy due to preferred versus non-preferred medications based on payer step therapy guidelines and based on Baptist Health IV Iron Policy contraindications.	
<input checked="" type="checkbox"/> New orders and progress notes required at least once yearly.	
<ul style="list-style-type: none">• Please note for patients receiving treatment at the Montgomery Cancer Center: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.• Please note for patient receiving treatment at Baptist East Outpatient Infusion: if an infusion reaction occurs, the Baptist East staff will follow the PRN hypersensitivity standing orders and will contact the referring provider in the event of an emergency. For life threatening anaphylaxis, Baptist East staff will follow rapid response policy or 911 facility policy.	

Lab Orders	
<input checked="" type="checkbox"/> Pregnancy test within 72 hours prior to initiation of therapy for female patient under 55 years of age and no history of surgical hysterectomy	
<input checked="" type="checkbox"/> For Injectafer: Phosphorus within 72 hours prior to each dose	

PROVIDER INFORMATION	
Office Contact Name:	
Prescribing Providers Name:	Provider NPI:
Office Address:	City: State: Zip:
Office Phone Number:	Office Fax Number:
Physician Signature:	Date:

For questions, please contact
Baptist Outpatient Infusion Services @ (334) 747-7401

Fax completed form and all documentation to
Baptist Outpatient Infusion Services @ (334) 747-7403

Patient Name: _____

Patient Date of Birth: _____



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Baptist Health IV Iron Product and Policy Contraindications	
Ferrlecit 125mg weekly X 8 doses	
Contraindication	No medical contraindication except for allergy
IV Iron after Hypersensitivity	If allergic to Ferrlecit then no future IV Iron products
Venofer 200mg X 5 doses in a 14 day period	
Contraindication	No medical contraindication except for allergy
IV Iron after Hypersensitivity	If allergic reaction to Venofer, change IV Iron product to Ferrlecit.
Monoferic 1000mg X one dose	
Contraindication	No medical contraindication except for allergy
IV Iron after Hypersensitivity	If allergic reaction to Monoferic, change IV Iron product to Ferrlecit.
Injectafer 750mg day 1 and day 8 or 15mg/kg day 1 and day 8 for patients <50KG	
Contraindication	No medical contraindication except for allergy
IV Iron after Hypersensitivity	If allergic reaction to Injectafer, change IV Iron product to Ferrlecit.
INFeD 1000mg X one dose (includes a 25mg test dose prior to the 975mg dose)	
Contraindication	CKD, CHF or significant cardiovascular disease, COPD, Asthma
IV Iron after Hypersensitivity	If allergic reaction to Infed, change IV Iron product to Ferrlecit.
Feraheme 510mg day 1 and day 8	
Contraindication	CHF or significant cardiovascular disease, COPD, Asthma
IV Iron after Hypersensitivity	If allergic reaction to Feraheme, change IV Iron product to Ferrlecit.

All order sets will include a statement to activate these PRN hypersensitivity standing orders when necessary.

Reaction Symptom		Drug	Dose	Route
Cough, flushing, chest tightness, nausea/vomiting, shortness of breath, urticaria, hypotension, tachycardia	✓	Normal Saline Flush Rate	100mL/hr	IV
	✓	Methylprednisolone (Solu-Medrol)	125mg	IVP
Hypotension, wheezing, stridor, periorbital edema, arrhythmia/cardiovascular collapse, unconscious or non-responsive, respiratory arrest	✓	Normal Saline	150ml/hr	IV
	✓	Methylprednisolone (Solu-Medrol)	125mg	IVP
	✓	Hydrocortisone (Solu-Cortef)	50mg	IVP
	✓	Epinephrine Pen	0.3mg	IM
Nausea/Vomiting	✓	Granisetron (Kytril)	1mg	IVP

Physician Signature: _____

Date: _____