Perth and Smiths Falls District Hospital

PATIENT INFORMATION

Allergies: _____

Intravenous Iron Replacement (Adult Order) Order Set

ACTION/DATE TIME/INITIALS

Indications

Iron deficiency anemia with intolerance of oral iron, especially in inflammatory bowel disease, or where oral iron is ineffective.

- To support the use of erythropoiesis stimulating agents (including patients on renal dialysis).
- As an alternative to blood transfusion when a rapid increase in Hb is required (e.g. perioperative anemia, severe anemia in late pregnancy or postpartum anemia)

Weight: _____ kg

Adverse Reactions or intolerances

Drug: ☐ No ☐ Yes (list) _____

Food: ☐ No ☐ Yes (list) _____

Latex: ☐ No ☐ Yes

Hold IV Iron infusion if temperature is greater than 38°C or if patient is taking PO or IV antibiotics.

Medications

☐ Sodium ferric gluconate complex in sucrose (e.g. Ferrlecit®) (Maximum of 62.5 mg for the first dose. Maximum of 125 mg for subsequent doses. Maximum weekly dose should not exceed 375 mg. Usual maximum total dose of 100 mg per course).

First Dose: ☐ Sodium ferric gluconate complex in sucrose 62.5 mg (elemental iron) in 100ml 0.9% sodium chloride (0.9% NaCl) IV over 1 hour.

Subsequent doses:

☐ Sodium ferric gluconate complex in sucrose 62.5 mg (elemental iron) 100 ml 0.9% sodium chloride (0.9% NAcL) IV over 1 hour for _____ doses given _____ days apart, starting _____ (YYYY/MM/DD).

☐ Sodium ferric gluconate complex in sucrose 125 mg (elemental iron) 100 ml 0.9% sodium chloride (0.9% NAcL) IV over 2 hours for _____ doses given _____ days apart, starting_____ (YYYY/MM/DD).

OR

☐ Iron Sucrose (e.g Venofer) (Maximum single does should not exceed 300 mg. Maximum weekly dose should not exceed 300 mg. Usual maximum total dose of 1000mg per course). (Note that rapid administration increases the risk of hypotension).

- ☐ Iron Sucrose 100mg (elemental iron) in 100 mL 0.9% sodium chloride (0.9% NaCl) IV over 1 hour.
- ☐ Iron Sucrose 200mg (elemental iron) in 100 mL 0.9% sodium chloride (0.9% NaCl) IV over 1 hour.
- ☐ Iron Sucrose 300mg (elemental iron) in 250 mL 0.9% sodium chloride (0.9% NaCl) IV over 2 hours.
- ☐ Number of doses: _____ Doses to be given: _____ days apart, starting _____ (YYYY/MM/DD).

☐ Telephone Order

Ordering Practitioner, Designation	Signature	Date/Time (yyyy/mm/dd hhmm)	☐ Read Back
2nd Check	2nd Check Signature	Date/Time (yyyy/mm/dd hhmm)	☐ Sent to Pharmacy

Perth and Smiths Falls District Hospital

PATIENT INFORMATION

Allergies: _____

Intravenous Iron Replacement (Adult Order) Order Set

Post Medication Monitoring

ACTION/DATE TIME/INITIALS

☒ Monitor the patient for rash, hypotension or shortness of breath during infusion.
If any of these symptoms occur, stop infusion and contact physician.
☒ Monitor the patient for at least 30 minutes and until clinically stable post infusion.

☐ Telephone Order

Ordering Practitioner, Designation	Signature	Date/Time (yyyy/mm/dd hhmm)	☐ Read Back
2nd Check	2nd Check Signature	Date/Time (yyyy/mm/dd hhmm)	☐ Sent to Pharmacy