

<p>Indications Iron deficiency anemia with intolerance of oral iron, especially in inflammatory bowel disease, or where oral iron is ineffective.</p> <ul style="list-style-type: none"> • 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) 	<p>Transcription</p>
<p>Weight: _____ kg</p> <p>Adverse Reactions, Allergies or Intolerances Drug: <input type="checkbox"/> No <input type="checkbox"/> Yes (list) _____ Food: <input type="checkbox"/> No <input type="checkbox"/> Yes (list) _____ Latex: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Orders Transcribed</p> <p>Date: _____ YYYY/MM/DD</p> <p>Time: _____ HH:MM</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature /Discipline</p>
<p>Hold IV Iron infusion if temperature is greater than 38^oC or if patient is taking PO or IV antibiotics.</p>	
<p>Medications</p> <p><input type="checkbox"/> 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).</p> <p>First Dose: <input type="checkbox"/> Sodium ferric gluconate complex in sucrose 62.5 mg (elemental iron) in 100ml 0.9% sodium chloride (0.9% NaCl) IV over 1 hour.</p> <p>Subsequent doses:</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Sodium ferric gluconate complex in sucrose 62.5 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).</p> <p>OR</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Iron Sucrose 100mg (elemental iron) in 100 mL 0.9% sodium chloride (0.9% NaCl) IV over 1 hour.</p> <p><input type="checkbox"/> Iron Sucrose 200mg (elemental iron) in 100 mL 0.9% sodium chloride (0.9% NaCl) IV over 1 hour.</p> <p><input type="checkbox"/> Iron Sucrose 300mg (elemental iron) in 250 mL 0.9% sodium chloride (0.9% NaCl) IV over 2 hours.</p> <p><input type="checkbox"/> Number of doses: _____ Doses to be given: _____ days apart, starting _____ (YYYY/MM/DD).</p>	<p>Transcription Checked by (must be a nurse)</p> <p>Date: _____ YYYY/MM/DD</p> <p>Time: _____ HH:MM</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature /Discipline</p>
<p>Post Medication Monitoring</p> <p><input checked="" type="checkbox"/> Monitor the patient for rash, hypotension or shortness of breath during infusion. If any of these symptoms occur, stop infusion and contact physician.</p> <p><input checked="" type="checkbox"/> Monitor the patient for at least 30 minutes and until clinically stable post infusion.</p>	
<p>Submitted by: _____ ID _____ Printed Name _____ YYYY/MM/DD _____ HH:MM</p> <p>Prescriber: _____ ID _____ Printed Name _____ YYYY/MM/DD _____ HH:MM</p>	<p>Pharmacy use only:</p> <p>Reviewed by: _____</p> <p>Entered By: _____</p> <p>Checked BY: _____</p>