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| **Patient:****INFED (iron dextran) low molecular weight****Iron deficiency anemia** | **DOB:**  |
| \*\*check appropriate box\*\***\*\*All orders with ☒ will be placed unless otherwise noted\*\*** |
| **Required lab results and/or tests prior to scheduling:**Erythropoietin, CBC w/ Differential, Iron and TIBC, Ferritin |
| **ICD 10/Primary Diagnosis:**  | **ICD10/Secondary Diagnosis:** | [ ]  **Dialysis Patient**[ ]  **Non-Dialysis Patient**  |
| **Height:** | **Weight:** | **Allergies:** |
| **Infusion Therapy**  | **Frequency** |
| [x]  **Fixed dose**iron dextran (INFED) 1000 mg in sodium chloride 0.9 % 250 mL (Includes test dose) | [x]  One dose |
| **Pre-Medication** [ ]  **NO PRE-MEDICATION REQUIRED**  |
| **Pre-medications administered 30 min prior to infusion** |
| **Medication** | **Dose**  | **Route** | **Medication** | **Dose** | **Route** |
| [ ]  methylprednisolone **(See recommendations)** | 125mg | IVP | [ ]  famotidine **(See recommendations)** | 10mg | IVP |
|  |  |  |  |  |  |
|  **PRN MEDS:**N/A | **PRN EMERGENCY MEDS:**[x]  Per Facility protocol[ ]  Provider requested Emergency Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Labs** |
| [ ]  **Labs drawn prior to scheduling infusion (results provided) -** CBC w/o Differential, Ferritin, Iron and Total Iron Binding Capacity, Folate, Comprehensive Metabolic Panel**Lab Orders to be drawn by facility:**  [ ]  **NO LABS REQUIRED** |
| **LAB** | **FREQUENCY** | **LAB** | **FREQUENCY** |
|  |  |  |  |
| **Provider Communication** |
| 1. Discontinue administration of any iron-containing products prior to administration of INFeD.
2. Assess baseline hematologic (hemoglobin and hematocrit) and iron storage parameters (serum iron, total iron binding capacity, and percent saturation of transferrin) to monitor response to therapy.
3. A test dose of INFeD will be given prior to administration of therapeutic dose.
4. **The clinical documentation must support the use of Iron Dextran (INFeD) by indicating the patient has iron deficiency anemia and requires IV Iron due to either: Oral Iron not being effective OR Oral Iron Not Tolerated**

**Cautions:** * Increased Total Bili & Decreased Calcium; use with caution in patient with multiple allergies, asthma, cardiovascular disease, hepatic or renal impairment.
* Increased Risk of hypersensitivity reaction with ACE (Angiotensin-Converting Enzyme) inhibitors
* Patients with CKD - may infuse INFeD over 4-6 hours

**Recommended Pre-Meds (Not required) - see Pre-Med section for orders*** Patient with GREATER THAN 1 drug allergy or asthma, premed with methylprednisolone 125 mg IV AND Famotidine 10 mg IV

Patient with inflammatory arthritis, premed with methylprednisolone 125 mg AND Prednisone po 1 mg/kg/day X 4 days |
| **Nursing communication/Orders** |
| **HOLD Treatment and discuss with provider if:**Transferrin Sat (serum iron/TIBC) GREATER THAN 30%, Ferritin GREATER THAN 500 ng/mL, Active Infection, Diagnosis, and indications are not in notes, BP drops more than 20 mm Hg or systolic BP is less than 100, for patients with a CrCl of LESS THAN 60 mL/min consider infusing over 4-6 hours.**MONITOR VITAL SIGNS: Pre-infusion, every 15 minutes X 4, then every 30 minutes during infusion and 30 minutes post infusion (or until patient is clinically stable)****FIRST DOSE ONLY: A test dose of 25 mg (0.5 ml) is administered over 5 min and WAIT/observe for 10 minutes before continuing with the rest of the dose.** * Monitor closely for acute hypersensitivity reactions including urticaria, pruritis, rash, and notify provider.
* Patients with history of drug allergy or multiple drug allergies are at increased risk of hypersensitivity reactions
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