Instructions to Provider
Review orders and note any changes. All orders with ☑️ will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2).
Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Order Date: _____________  
Weight: _______kg  Height:______inches  
Diagnosis:  
ICD-10 code (REQUIRED): __________________ 
ICD-10 description___________________________________________

General Plan Communication
• Special instructions/notes: ________________________________

Provider Information
- Premedication should be avoided unless there is a history of hypersensitivity. 
- Consider methylprednisolone 125mg in patients with a history of drug allergies, an allergic diathesis or a history of inflammatory arthritis, wherein both parenteral and oral iron have been shown to exacerbate symptoms. 
- One time test dose is REQUIRED for Iron dextran. Consider repeat test dose if more than 6 months have elapsed since last Iron Dextran infusion. 
- INFeD commonly given as 1 gm infusion, or alternatively calculate per manufacturer guideline.
- Manufacturer Total Dose calculation (mL) = [0.0442 (desired Hb - Observed Hb) x IBW] + (0.26 x IBW)  
  - IBW = ideal body weight in Kg  
  - Males = 50 + (2.3 X height in inches over 5 feet); Females = 45.5 + (2.3 X height in inches over 5 feet)

Infusion Therapy
INFED is the recommended IV Iron product at Kaiser Permanente

☐ Test dose – Iron Dextran (INFeD) in 0.9% sodium chloride 50 mL IV infusion
   Dose: ☑️ 25 mg  
   Route: Intravenous  
   Frequency: Once  
   Infusion Duration: over 5 minutes.  
   Note any changes to above regimen: ________________________________

☐ Iron Dextran (INFeD) in 0.9% sodium chloride 250 mL IV infusion
   Dose: ☑️ 1,000 mg  ☑️ _______ mg  
   Route: Intravenous  
   Frequency x1 dose or _______  
   Infusion Duration: Over 60 minutes.  
   If infusion-related reaction: 
   1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD  
   Note any changes to above regimen:

2nd Line Agents

☐ Ferric gluconate (FERRLECIT) in 0.9% sodium chloride 100 mL IV infusion
   Dose: ☑️ 125 mg  
   Route: Intravenous  
   Frequency: Every _________ for ___________ doses.  
   Infusion Duration: Over 60 minutes.  
   If infusion-related reaction: 
   1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD  
   Note any changes to above regimen:

☐ Iron sucrose (VENOFER) in 0.9% sodium chloride 100 mL IV infusion
   Dose: ☑️ 200 mg  
   Route: Intravenous  
   Frequency: Every _________ for ___________ doses.  
   Infusion Duration: Over 60 minutes.  
   If infusion-related reaction: 
   1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD  
   Note any changes to above regimen:
**IV Iron (INFeD®, Ferrlecit®, Venofer®)**

**Infusion Therapy Plan Orders**

Page 2 of 2

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### Pre-Meds

- **Other:**
  - **Dose:** ______
  - **Route:** Oral
  - **Frequency:** Once, 30 minutes prior to IV Iron infusion

- **No pre-medications necessary. Contact provider if patient has reaction and requires pre-medications for future doses.**

### IV Line Care

- **0.9% sodium chloride infusion 250 mL**
  - **Rate:** 30 mL/hr
  - **Route:** Intravenous
  - **Frequency:** Run continuously to keep vein open

- **heparin flush 100 unit/mL**
  - **Dose:** 500 units
  - **Route:** Intracatheter
  - **Frequency:** PRN for IV line care per Nursing Policy

### Infusion Reaction Meds

- **albuterol (PROVENTIL) nebulizer solution 0.005%**
  - **Dose:** 2.5 mg
  - **Route:** Nebulization
  - **Frequency:** PRN for shortness of breath/wheezing

- **diphenhydrAMINE (BENADRYL) injectable**
  - **Dose:** 25 mg
  - **Route:** Intravenous
  - **Frequency:** Once PRN, May repeat x1 for urticaria, pruritis, shortness of breath. May repeat in 15 minutes if symptoms not resolved.

- **EPINEPHrine 1 mg/mL (1:1000) injectable**
  - **Dose:** 0.3 mg
  - **Route:** Intramuscular
  - **Frequency:** Once PRN for anaphylaxis. Notify physician if administered.

- **hydrocortisone sodium succinate (SOLU-CORTEF) injectable**
  - **Dose:** 100 mg
  - **Route:** Intravenous
  - **Frequency:** Once PRN for hypersensitivity

### Lab Review for Nursing

- Baseline labs: Ferritin, Fasting TSAT
- Ferritin <200, TSAT <20%
- Do not administer repeat doses of Iron Dextran (INFeD) without evaluation of iron labs

### Nursing Orders

- One time test dose is REQUIRED for Iron dextran. Consider repeat test dose if more than 6 months have elapsed since last Iron Dextran infusion.
- Discontinue IV line when therapy complete and patient stabilized.

### References

- INFeD® Prescribing Information. Revised September 2009.
- Auerbach, M et al. Safety and Efficacy of Rapidly administered (one hour) one gram of low molecular weight iron dextran (INFeD) for the treatment of iron deficient anemia. Am J Hematology, 2011;10:860-862.

### Kaiser Permanente Infusion Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellevue Medical Center</td>
<td>11511 NE 10th St, Bellevue, WA 98004</td>
<td>425-502-3512</td>
<td>425-502-3510</td>
</tr>
<tr>
<td>Capitol Hill Medical Center</td>
<td>201 16th Ave E, Seattle WA 98112</td>
<td>206-326-2104</td>
<td>206-326-3109</td>
</tr>
<tr>
<td>Everet Medical Center</td>
<td>2930 Maple St, Everett, WA 98201</td>
<td>425-261-1659</td>
<td>425-261-1681</td>
</tr>
<tr>
<td>Riverfront Medical Center – Spokane</td>
<td>W 322 North River Drive, Spokane, WA 99201</td>
<td>509-324-7168</td>
<td>509-241-2073</td>
</tr>
<tr>
<td>Silverdale Medical Center</td>
<td>10452 Silverdale Way NW, Silverdale, WA 98383</td>
<td>360-307-7493</td>
<td>360-307-7444</td>
</tr>
<tr>
<td>Tacoma Medical Center</td>
<td>209 Martin Luther King Jr Way, Tacoma, WA 98405</td>
<td>253-383-6262</td>
<td>253-596-3666</td>
</tr>
<tr>
<td>Olympia Medical Center</td>
<td>700 Lily Road N.E., Olympia, WA 98506</td>
<td>360-923-7106</td>
<td>360-923-7164</td>
</tr>
</tbody>
</table>

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**Provider Signature:** ____________________________________________   **Date:** _______________

**Printed Name:** ______________________________________  **Phone:** ___________ **Fax:** ___________

**Revision Date:** 4/12/2017 Kaiser Permanente  <Reference#115118>