Lake Charles Memorial Health System

1PO

PO_OUTPATIENT ORDERS FOR IRON INFUSION
Last Revised: 07/03/2023

OUTPATIENT ORDERS FOR IRON INFUSION:

Name: _____ DOB _____

Height: _____ Weight: _____ (kg) Allergies: _____

Select desired iron infusion from the following: Make sure to indicate appropriate diagnosis codes- **Select 1 diagnosis from EACH column for every infusion:**

- Assign as outpatient

_____ Sodium Ferric Gluconate (Ferrlecit) 125 mg IV infused over 60 minutes

√	Iron Deficiency Anemia			√	Secondary Diagnosis Required	
	IDA secondary to blood loss (chronic)	D50.0			Intestinal malabsorption	K90.89
	IDA secondary to inadequate iron intake	D50.8			Malabsorption, unspecified	K90.49
	Unspecified IDA	D50.9			ESRD	N18.6
					Unspecified adverse effect of unspecified drug, medicinal and biologic substance	T50.905A
					Other drug allergy	T50.995A

_____ Iron Sucrose (Venofer) _____mg IV infused over _____ minutes on Days 1-5

_____ Ferric Carboxymaltose (Injectafer) 750 mg IV infused over 30 minutes on day 1 and 8. If patient weighs <50kg: 15mg/kg (_____mg) IV infused over 30 minutes on day 1 and 8.

_____ Ferric Derisomaltose (Monoferric) 1000 mg IV infused over 30 minutes. If patient weighs <50kg: 20mg/kg (_____mg) IV infused over 30 minutes.

√	Iron Deficiency Anemia			√	Secondary Diagnosis Required	
	IDA secondary to blood loss (chronic)	D50.0			Intestinal malabsorption	K90.89
	IDA secondary to inadequate iron intake	D50.8			Malabsorption, unspecified	K90.49
	Other specified IDA	D50.1			CKD, Stage III, unspecified	N18.30
	Unspecified IDA	D50.9			CKD, Stage IIIa	N18.31
					CKD, Stage IIIb	N18.32
					CKD, Stage IV	N18.4
					CKD, Stage V	N18.5
					ESRD	N18.6
					Unspecified adverse effect of unspecified drug, medicinal and biologic substance	T50.905A
					Other drug allergy	T50.995A

_____ Iron Dextran (Infed) _____mg IV infused over _____ minutes. Prior to **FIRST** dose of Iron Dextran: Administer a test dose of 25 mg in 10 ml Normal Saline prior to administration of the remainder of the above ordered dose. Observe for 1 hour following administration of test dose.

√	Iron Deficiency Anemia	
	IDA secondary to blood loss (chronic)	D50.0
	IDA secondary to inadequate iron intake	D50.8
	Other specified IDA	D50.1
	Unspecified IDA	D50.9

IV Line Care:

- Normal Saline 10 ml IV flush after each use
- For implanted ports: Heparin 100 units/ml 5 ml IV flush after each use or prior to deaccessing

Discharge when infusion complete

Physician Signature: _____ Date/Time: _____