	Legacy Day Treatment Unit Provider's Orders Adult Ambulatory Infusion Order IRON DEXTRAN (INFED)	Patient Name: Date of Birth: Med. Rec. No (TVC MRN Only):
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

Anticipated Start Date: _____ **Patient to follow up with provider on date:** _____

*****This plan will expire after 365 days, unless otherwise specified below*****

Orders expire: _____

Weight: _____ kg **Height:** _____ cm

Allergies: _____

Diagnosis: _____

Diagnosis Code: _____ (please include primary and secondary diagnosis codes)

GUIDELINES FOR PRESCRIBING:


1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.**
2. Consider ordering a ferritin level before initiating therapy as some insurances may require this for prior authorization. Labs drawn date: _____.
3. Oral iron should be discontinued prior to administration of iron dextran.
4. Unless contraindicated, premedication with hydrocortisone is strongly recommended to prevent infusion reaction to iron dextran. Avoid use of diphenhydramine to be used as a premedication or treatment of mild reactions.

NURSING ORDERS:

1. TREATMENT PARAMETERS – For iron deficiency anemia: hold treatment and notify provider if Ferritin greater than 300 ng/mL.
2. Remind patient to contact provider to set up lab draw, approximately 4 weeks after treatment infusion.
3. Life-threatening anaphylactic reactions have occurred. Patient should be observed for anaphylactic reaction during any iron dextran administration.
4. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters
5. Nursing communication order, every visit: Monitor patient for potential adverse effects (ADEs) during and after infusion: ADEs may include hypersensitivity reactions (dyspnea, itching, hives, tracheal swelling or swelling of lips, eyelids, tongue and nasal mucosa), local injection site reactions (phlebitis, irritation, discoloration). Delayed reactions may occur within 24-48 hours after administration and include arthralgia, myalgia, backache, chills, dizziness, headache, malaise, nausea, vomiting and fever. Delayed reactions usually subside within 3-4 days.
6. Nursing communication orders, every visit: Manage hypersensitivity reactions per LH 906.6606.
7. Nursing communication orders, every visit: Monitor vital signs every 15 minutes for one hour and then hourly during infusion and at completion of the infusion.

PRE-MEDICATIONS: Unless contraindicated, premedication with hydrocortisone is strongly recommended to prevent infusion reaction to iron dextran. If hydrocortisone is not desired, please cross out the pre-checked order below and select either no routine pre-medications box or specify the other medication below:

- Hydrocortisone 100 mg IV, ONCE x1 dose, 30 minutes prior to infusion, every visit
- Other: _____, 30 minutes prior to infusion, every visit
- No routine pre-medications

 <p>LEGACY HEALTH</p>	<p>Legacy Day Treatment Unit Provider's Orders</p> <p>Adult Ambulatory Infusion Order IRON DEXTRAN (INFED)</p>	<p>Patient Name:</p> <p>Date of Birth:</p> <p>Med. Rec. No (TVC MRN Only):</p>
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MEDICATIONS: (must check one)

Typical dosing range: 500 – 2000 mg. Standard administration time over 1 – 4 hours with **max 3000 mg per single infusion**. Pharmacist to adjust diluent volume as needed to ensure appropriate concentration.

- iron dextran (Infed) 500 mg IV infusion in 250 mL NS, ONCE, over 1 hour
- iron dextran (Infed) 1000 mg IV infusion in 500 mL NS, ONCE, over 1 hour

Flush vein with sodium chloride 0.9% IV flush when infusion complete

AS NEEDED MEDICATIONS:

1. sodium chloride 0.9%, 500 mL, intravenous, AS NEEDED x1 dose for vein discomfort. Give concurrently with iron.

HYPERSENSITIVITY MEDICATIONS: If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Protocol 906.6606, Initiation of Emergency Measures for Adult Oncology and Infusion Clinic Patients). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.

1. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
2. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. albuterol (PROVENTIL HFA) inhaler, 4 puff, inhalation, EVERY 4 HOURS PRN for wheezing
5. 0.9% NaCl, 500 mL, intravenous, CONTINUOUS PRN for hypersensitivity/infusion reaction



**Legacy Day Treatment Unit
Provider's Orders**

Adult Ambulatory Infusion Order
IRON DEXTRAN (INFED)

Patient Name:

Date of Birth:

Med. Rec. No (TVC MRN Only):

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Please check the appropriate box for the patient's preferred clinic location:

**Legacy Day Treatment Unit –
The Vancouver Clinic Building**
A department of Salmon Creek Medical Center
700 NE 87th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773

Legacy Emanuel Day Treatment Unit
A department of Emanuel Medical Center
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887

Legacy Salmon Creek Day Treatment Unit
Legacy Salmon Creek Medical Center
2121 NE 139th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773

Legacy STEPS Clinic
A department of Silverton Medical Center
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723

Provider signature: _____

Date/Time: _____

Printed Name: _____

Phone: _____

Fax: _____

Organization/Department: _____