

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: Iron Deficiency Anemia Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year
 Appointment Request – 2 hours Every 7 days

Labs: Frequency: once at start of therapy

CBC & Diff

TIBC

Ferritin

Pre-Medications: Starting 30 minutes after treatment start time
 Order frequency as per appointment request

Pre-medications should be considered only in the following patient populations:

- If the patient had a previous reaction to IV iron
- Autoimmune disease requiring treatment (e.g. asthma, lupus, scleroderma, rheumatoid arthritis, etc.)
- Systemic or cutaneous mastocytosis

Acetaminophen tablet 650 mg, oral, Once

DiphenhydrAMINE 25 mg, once (choose one) tablet, Oral injection, IV

Famotidine 20 mg, once (choose one) tablet, Oral injection, IV

MethyIPREDNISolone sodium succinate (PF) injection 125 mg intravenous, once

Ondansetron 4 mg, once (choose one) tablet, Oral injection, IV

Prochlorperazine 10 mg, tablet, PO, once

Other: _____

Observation Orders: Order frequency as per appointment request

Observe/Monitor patient for signs/symptoms of hypersensitivity reactions during infusion and for 30 minutes following each infusion

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____

Name: _____
MRN: _____
DOB: _____

Therapy (Please select ONE option):

- Ferric Gluconate (Ferrlecit®) 125 mg IV in 100 mL NS administered over 60 Minutes (100 mL/hr)
weekly x _____ doses (maximum of 8 doses).
Starting 60 minutes (1 hour after treatment start time).
Not to exceed 2.1 mg/min (duration = 60 min).

- Ferric Gluconate (Ferrlecit®) 250 mg IV in 100 mL NS administered over 60 Minutes (100 mL/hr)
weekly x _____ doses (maximum of 4 doses).
Starting 60 minutes (1 hour after treatment start time).
Not to exceed 2.1 mg/min (duration = 60 min).

Emergency Medications

Order will be done as per appointment frequency

Hypersensitivity reaction protocol

Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

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Licensed Medical Professional

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____

Print Name: _____
Signature _____
Date _____
Contact # _____