



Iron (Feraheme/Injectafer/Venofer)

Provider Order Form rev. 10/12/2022

INDY INFUSION

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight (lbs/kg):	Height:
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Last Treatment Date:	Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

- ☒ Provide nursing care per Nursing Procedures, including reaction management and post-procedure observation

PRE-MEDICATION ORDERS

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV
☐ Other: _____
 Dose: _____ Route: _____
 Frequency: _____

SPECIAL INSTRUCTIONS

*Closely observe patients for signs and symptoms of hypersensitivity including monitoring of blood pressure and pulse during and after Feraheme administration for at least 30 minutes and until clinically stable following completion of each infusion.
 *Observe for signs and symptoms of hypersensitivity during and after Injectafer administration for at least 30 minutes and until clinically stable following completion of each administration. *Monitor patients for signs and symptoms of hypersensitivity during and after Venofer administration for at least 30 minutes and until clinically stable following completion of the infusion.

THERAPY ADMINISTRATION

- ☐ **Ferumoxytol** (Feraheme) intravenous infusion
 - Dose & Frequency: ☒ initial 510mg infusion followed by a second 510mg infusion 3-8 days later
 - Dilute in 50 - 200ml 0.9% sodium chloride or 5% dextrose solution (final concentration 2mg - 8mg per ml)
 - Infuse over at least 15 minutes
 - No refills
- ☐ **Ferric carboxymaltose** (Injectafer) intravenous infusion
 - Dose & Frequency: ☐ Patients > 50kg: Two 750mg doses, 7 days apart / ☐ Patients < 50kg: Two 15mg/kg doses, 7 days apart
 - Dilute in no more than 250ml 0.9% sodium chloride
 - Infuse over at least 15 minutes
 - No refills
- ☐ **Iron sucrose** (Venofer) intravenous infusion
 Dose:
 - ☐ 100mg in 100ml 0.9% sodium chloride over 30 minutes
 - ☐ 200mg in 100ml 0.9% sodium chloride over 30 minutes
 - ☐ 300mg in 250ml 0.9% sodium chloride over 1.5 hours
 - ☐ 400mg in 250ml 0.9% sodium chloride over 2.5 hours
 - ☐ Other: _____
 Frequency:
 - ☐ Once ☐ Every 2-3 days x _____ doses
 - ☐ Daily x _____ doses ☐ Weekly x _____ doses
 - ☐ Monthly x _____ doses ☐ Other: _____
- ☒ Flush with 0.9% sodium chloride at infusion completion
☐ Patient required to stay for 30-min observation period

Provider Name (Print)

Provider Signature

Date

Please include the following information when submitting a referral for Venofer:

*Most recent lab results

*Patient has iron deficiency anemia, chronic kidney disease and is over 2 years of age