

Iron Injection ORDER FORM



Skowhegan, Maine

REQUIRED: Complete below or check if copies attached ☐

DATE _____ of most recent: Hgb _____ Ferritin _____ TIBC _____
Hct _____ Iron _____ %Sat _____

Diagnosis: Patient weight _____ kgs Height _____ inches

- ☐ Iron deficiency anemia
☐ Anemia of chronic kidney disease. ☐ Other:

Pre-Medication None indicated if no previous reaction. Diphenhydramine is not indicated, regardless of history.

- ☐ Methylprednisolone 125mg IV push 30 minutes prior to iron infusion.

Check one

NOTE - Pregnant patients may be managed with any regimen.

Iron sucrose (Venofer) 250mg elemental iron – no more frequently than every other day, for 4 doses.
IVPB 250 mls NS.
Infuse first dose over 60 minutes.
If tolerated, infuse remaining doses over 30 minutes, unless history of adverse reaction to iron infusion.

Iron Dextran (INFeD):
Initial - administer test dose of 25 mg in sodium chloride 0.9% 50 mL over 30 minutes.
If no reaction after 60 minutes observation time, administer 975mg in sodium chloride 0.9% 250 mL over 1 hour.
☐ **Patient with a history of asthma or more than 1 drug allergy:** pretreat with methylprednisolone 125mg IV and famotidine 10 mg IV 30 minutes prior to test dose and all subsequent doses.

Ferumoxytol (Feraheme) Two-dose regimen:
510 mg in 100mls NS over at least 15 minutes; Repeat after 3 to 8 days.
Place patient in reclined or semi-reclined position during infusion;

Nursing – See page 2 for patient education, monitoring and emergency response.

REQUIRED Prior Authorization Number: _____ [] pending [] Complete [] not needed*

*If not needed is chosen, date, time and name of person at health insurer who authorized.

Date: _____ Time: _____ Name: _____

Checklist for non-RFGH credentialed providers:

Provider to provider communication is required. If the patient has a Primary Care Provider at RFGH, please contact that PCP. Otherwise, call (207) 474-5121 and ask to speak to hospitalist.

Contacted provider: _____

- ☐ Office note ☐ Medication list
☐ Problem list ☐ Allergy list

FAX to RFGH Infusion clinic at 207-858-2404

Contact Infusion Clinic at 207-858-8722

Provider signature _____ Date _____ time _____

If not RFGH credentialed: Printed name _____ Phone # _____

RFGH Co-signature _____ Date _____ time _____

Printed name _____
revised 8/2025

Label or
Patient name _____

Date of birth _____

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EDUCATE the patient about the side effects of IV Iron.

- *Ask patient about recent health. (“Have you been feeling well lately?”) Discuss any symptoms that may mimic allergic or adverse reactions to iron infusion with the provider, before proceeding.*
- Warn patients that they may experience self-limiting fever, joint pain, muscle aches and even a mild rash during the infusion or within the first 24 hours after. This is not an allergic reaction. Other common side effects include diarrhea, abdominal pain, nausea, constipation, headache and transient minty taste.
- Patient should be instructed to seek immediate medical care if they experience difficulty breathing or severe dizziness.

VITAL SIGNS - Determine and document

- before the injection
- every 15 minutes for the first 30 minutes
- then every hour until complete
- **30 minutes after complete.**

INFUSION REACTIONS:

- If the patient experiences hypotension, breathing difficulties tachycardia or peri-orbital edema, activate code grey.
- If the patient experiences fever, joint or muscle pains during infusion, stop the infusion and assess.
 - Resume therapy once symptoms resolve.
 - If mild symptoms persist for more than 30 minutes, administer methylprednisolone 125mg IV x1 and resume treatment.

Copy: Pharmacy Res, Phillips vital sign template, rfggh.net

MT: Pharmacy Order String – INFED, INJECTAFER, FERAHEME,

Order set: IRONINFUSION

Protocol - IRONINF

Originator: Pharmacy