

## PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## REFERRAL STATUS

New Referral       Dose or Frequency Change       Order Renewal  
 Is this the first dose?  Yes  No, date of last infusion: \_\_\_\_\_ Line type:  PIV  PICC  Port  Other

## DIAGNOSIS AND ICD-10 CODE

Iron Deficiency Anemia      ICD-10 Code: \_\_\_\_\_  
 Iron Deficiency due to Blood Loss      ICD-10 Code: \_\_\_\_\_  
 Other: \_\_\_\_\_      ICD-10 Code: \_\_\_\_\_

## REQUIRED DOCUMENTATION

This signed order form by the provider       H&P and Clinical/Progress notes supporting primary diagnosis  
 Patient demographics AND insurance information       Labs and Tests supporting primary diagnosis  
 CBC and Iron Panel

## MEDICATION ORDERS

Dosing  Injectafer \_\_\_\_\_mg IV weekly for 2 doses       Injectafer \_\_\_\_\_mg IV every \_\_\_\_\_days for \_\_\_\_\_doses  
*It is recommended that doses are separated by 7 days. Patients will be monitored during infusion and for 30 minutes after, unless otherwise specified. Our on-call provider will manage infusion related reactions, in the event that a reaction occurs. Providers to include a serum phosphate for patients at risk of hypophosphatemia.*  
 Dosing for patients <50kg = 15 mg/kg

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline  
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration  
 RN to flush and lock VAD/CVAD per company protocol:  
 Other: \_\_\_\_\_

## PREMEDICATION ORDERS

Acetaminophen 650mg PO prior to infusion       Other: \_\_\_\_\_  
 Diphenhydramine 25mg PO prior to infusion       Other: \_\_\_\_\_

## EMERGENCY MEDICATIONS

Administer the following medications as needed for infusion-related reactions per company protocol:

### Adults (weight >40kg):

Diphenhydramine 25mg-50mg PO  
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins  
 Acetaminophen 325mg-650mg PO  
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.3mg IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

### Pediatrics (weight <40kg): (may adjust with weight changes)

Diphenhydramine 25mg PO  
 Diphenhydramine 25mg slow IV push over 2-5 mins  
 Acetaminophen 325mg PO  
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

## PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_