HOME AND COMMUNITY CARE SUPPORT SERVICES
Hamilton Niagara Haldimand Brant

SERVICES DE SOUTIEN À DOMICILE ET EN MILIEU COMMUNAUTAIRE
Hamilton Niagara Haldimand Brant

IV Iron Replacement Prescription Form

Full Completion of Form Required for Referral

Patient Information: ***Please print clearly or complete electronically***	Bradma:
Name:	
Address:	
City: PC: Tel:	
HCN: DOB:	
Weight: Height:	

Primary Diagnosis: Secondary Diagnosis:

Drug and Other Allergies: History of Drug Reaction:

Most Responsible Physician (MRP) for Community Management Name:

MRP Phone: MRP Fax:

STOP IF NOT MOST RESPONSIBLE PHYSICIAN OR FORM INCOMPLETE
Medication Order IV Iron Replacement. First dose must be given in hospital (by referring facility)

Drug:	Dose:	Therapy Start Date: Time:
		Most Recent Dose Given: Time:

Frequency: Duration: Doses or Days

Route: ☐ PICC ☐ Tunneled Line ☐ Implanted Port ☐ Peripheral ☐ Other (Specify):

☐ For the treatment of iron deficiency anemia where the patient has demonstrated an intolerance to oral iron therapy
OR the patient has not has not responded to adequate therapy with oral iron

☐ Completed and signed Order Set and EAP application form faxed to 905-521-6148 Outpatient Department to fax EAP Application form to Drug Programs Branch: 416-327-7526 or 1 888-811-9908

Reason for Iron Deficiency:

Blood work current (within last month):		**Date of Bloodwork:**
Hemoglobin: g/L	Ferritin:	Other:

Iron Sucrose 100 mg dose

☐ Iron Sucrose 100mg (elemental iron) in 100 ml 0.9% sodium chloride IV over mins (Recommended duration of 15 mins to 1 hr RAPID doses givenweeks apart. ADMINISTRATION INCREASES THE RISK OF HYPOTENSION) for doses given weeks apart.
Continue until: ☐ doses given.

Iron Sucrose 200 mg dose

☐ Iron Sucrose 200mg (elemental iron) in 100 ml 0.9% sodium chloride IV over minutes
Continue until: ☐ doses given

☐ If over 200mg, record amount and order
Continue until: ☐ doses given

Nausea Management:

☐ Dimenhydrinate (Gravol) 25-50 mg IV q4h PRN for nausea

As Nursing Care Centres do not stock PRN medications, please recommend that patient purchases:
☐ Tylenol ☐ Reactin ☐ Other:

All prescriptions must be signed by the ordering physician and faxed to the appropriate HCCSS (see unit Care Coordinator).

If issues arise, the Nursing Care Centre will contact (phone number and extension):
☐ On-Call: ☐ Internist: ☐ Hematologist: ☐ Other:

Physician Signature:	**Date:** **Time:**
Phone:	**Pager:** **Fax:**

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