



**Ontario  
Health atHome**

### Iron Infusion Order Form

Fax completed form to 1-866-655-6402

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 OHC: \_\_\_\_\_  
 Alternate Phone Number: \_\_\_\_\_

#### Medical Information

Attention Physicians - The HNHB Service providers are not able to infuse pregnant women or children under 18 with iron d/t their policies and procedures.

Patient Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Weight \_\_\_\_\_ kgs Primary Diagnosis \_\_\_\_\_

Drug and Other Allergies \_\_\_\_\_

**Order Urgency**  within next 7 days  1-2 weeks  2-4 weeks  Other - please specify \_\_\_\_\_

#### Iron Therapy Administered in Hospital

Most Recent IV Iron Product Given in Hospital \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

Lab values to be monitored pre and post. Physician to give requisition to patient. Lab work cannot not be done in the nursing clinics. Recommended lab values to be monitored:

- CBC Reticulocytes Ferritin IBC (includes FE, TIBC, TSAT) B12
- Phosphate level if more than one dose Ferric Derisomaltose (FD) is ordered within 3 months to decrease the risk of hypophosphatemia post-infusion

#### IV Access

- PIV  PORT  PICC  Central Line  Midline Catheter  Tunneled Line
- Flush and lock VAD with \_\_\_\_\_ ml of \_\_\_\_\_ solution
- Flush and lock VAD with \_\_\_\_\_ ml of \_\_\_\_\_ solution

**Reaction Management Orders** - Note only IV orders will be filled by Royal Drugs (formerly Calea). For all PO orders patients will need to bring their own.

- Dimenhydrinate (Gravol®) 25 – 50 mg PO x 1 dose PRN
- Dimenhydrinate (Gravol®) 25 – 50 mg IV x 1 dose PRN
- Cetirizine (Reactine®) 10 – 20 mg PO x 1 dose PRN (do not give if already given as pre-medication)
- Acetaminophen Acetaminopen 650 mg PO x 1 dose
- 0.9% NaCl at 250 mL IV bolus. Administer as per organization policy and procedure

#### Pre-Medication

Pre-medication is optional, it is up to the physician if the patient is to take the pre-medication (the infusion is not dependent on the patient taking the pre-meds)

- As the Community Nursing Clinics do not stock PRN medications, please advise the patients that they are to bring any PO pre-medications that have been recommended for them to their appointment.
- Acetaminopen 650 mg PO x 1 dose  Dimenhydrinate (Gravol®) 25 – 50 mg PO x 1 dose  Cetirizine (Reactine®) 10 – 20 mg PO x 1 dose

<b>Physician Name</b> _____	<b>Date</b> _____	<b>Time</b> _____
<b>Physician Phone/Contact Number:</b> _____		
<b>Physician Signature</b> _____	<b>CPSO #</b> _____	<b>Pager</b> _____ <b>Fax</b> _____

Patient Name \_\_\_\_\_

OHC \_\_\_\_\_

**Iron Infusion Product**

**Note - If patient is receiving treatment through Ontario Health atHome the medication will be provided to the patient through Royal Drugs (formerly Calea). Do not have patient pick the medication up from their own pharmacy.**

Physicians Check the box if you have reviewed the medication benefits and risks with the patient

**Iron Sucrose**

First dose Iron Sucrose is required in hospital, pending Exceptional Access Program (EAP) approval for remaining doses. **Requires EAP** approval before Ontario Health atHome Services are initiated. The EAP approval number must be communicated on the referral.

EAP Approval

Number \_\_\_\_\_

For the treatment of iron deficiency anemia where the patient has a demonstrated intolerance to oral iron therapy **or** the patient has not responded to adequate therapy with oral iron

Completed and signed Order Set & EAP application form fax to Drug Programs Branch 416-327-7526 or 1-888-811-9908

**First Dose Form is Completed**(for Ferric Derisomaltose (FD) only) [HCCSS HNHB First Dose Form](#)

**Iron Sucrose (e.g. Venofer) (EAP Required)**

Iron sucrose 100 mg IV in NaCl 0.9% over at least 30 minutes \_\_\_\_\_ weekly for max \_\_\_\_\_ doses

Iron sucrose 200 mg IV in NaCl 0.9% over at least 60 minutes \_\_\_\_\_ weekly for max \_\_\_\_\_ doses

Iron sucrose 300 mg IV in NaCl 0.9% over at least 90 minutes \_\_\_\_\_ weekly for max \_\_\_\_\_ doses

Iron sucrose 400 mg IV in NaCl 0.9% over at least 120 minutes \_\_\_\_\_ weekly for max \_\_\_\_\_ doses

Iron sucrose \_\_\_\_\_ mg IV in NaCl 0.9% over at least \_\_\_\_\_ minutes given as \_\_\_\_\_ weeks for \_\_\_\_\_ doses

\*Bag sizes may change as Calea will determine bag sizes based on stability recommendations\*

Comments \_\_\_\_\_

**Ferric Derisomaltose (Monofecic)- Limited Use Code 610**

Ferric derisomaltose 1,000 mg IV in NaCl 0.9% over at least **60** minutes x 1 dose

Ferric derisomaltose 500 mg in NaCl 0.9% over **30** minutes x 1 dose

Ferric derisomaltose 1,500 mg IV total, given as 1 cycle

- 1,000 mg IV in NaCl 0.9% over at least **60** minutes, followed **minimum of one week later** by
- 500 mg IV in NaCl 0.9% over at least **30** minutes

Ferric derisomaltose 2,000 mg IV total, given as:

- 1,000 mg IV in NaCl 0.9% over at least **60** minutes x 2 doses given minimum one week apart

Ferric derisomaltose \_\_\_\_\_ mg IV in NaCl 0.9% qs to 4 mg/ml as per Royal Drugs (formerly Calea) stability guidelines. Infuse over at least \_\_\_\_\_ minutes, \_\_\_\_\_ weeks apart for \_\_\_\_\_ doses.

All prescriptions must be signed by the ordering physician and faxed to Ontario Health atHome. Patients will receive iron infusion in Community Nursing Clinics. If issues arise, the Community Nursing Clinic will contact the ordering physician.

Once infusion(s) completed as ordered iron therapy order set is complete and patients iron infusions service can be discharged.

Physician Name _____	Date _____	Time _____
Physician Phone/Contact Number: _____		
Physician Signature _____	CPSO # _____	Pager _____ Fax _____