



**Regional Pre-Printed Orders for
PARENTERAL IRON
Inpatient and Outpatient – Adult**



Form ID: DRDO107487A

New: July 15, 2021

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DRUG & FOOD ALLERGIES

- **Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

COMPLETE THE FOLLOWING BOXES WITH VALUES FROM WITHIN PAST 2 MONTHS:

Bloodwork Date	Hgb (g/L)	Ferritin (mcg/L)	Iron Saturation (%)
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SELECT ONE IRON FORMULATION (see reverse for prescribing information):

For iron sucrose, patients must have intolerance or poor response to oral iron *AND* one of:

- ferritin less than 30 mcg/L *OR*
- ferritin less than 200 mcg/L plus iron saturation less than 20% *OR*
- Hgb less than 95 g/L and iron saturation less than 22% in patients with chronic kidney disease including those who are dialysis dependent *OR*
- Hgb less than 100 g/L and ferritin less than 50 mcg/L in pregnant patients

iron sucrose 300 mg IV every _____ days x _____ doses (maximum 3 doses)

For iron isomaltoside ALL of the following restriction criteria must be satisfied:

- hematologist, gastroenterologist or internal medicine specialist prescriber *AND*
- intolerance or poor response to oral iron *AND*
- gastrointestinal malabsorption syndrome (for example, inflammatory bowel disease, active Celiac disease, atrophic gastritis) *AND*
- Hgb less than 110 g/L *AND*
- ferritin less than 30 mcg/L *OR* ferritin less than 200 mcg/L plus iron saturation less than 20%

iron isomaltoside _____ (500 mg or 1000 mg) IV x 1 dose

Complete only if another dose is required:

repeat **iron isomaltoside** _____ (500 mg or 1000 mg) IV in one week

FOR HYPERSENSITIVITY AND/OR ANAPHYLAXIS:

- Stop infusion
- Notify physician
- **epinephrine** 0.5 mg IM to anterolateral thigh Q5MIN PRN x 3 doses for anaphylaxis
- **hydrocortisone** 100 mg IV PRN x 1 dose for anaphylaxis or urticaria
- **diphenhydrAMINE** 25 mg PO PRN x 1 dose for urticaria

OTHER MEDICATIONS:

- **acetaminophen** 650 mg PO Q4H PRN for pain or headache

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name	College ID#
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