



Iron Order Form

DEMOGRAPHICS

Patient Name: _____ Date of Birth: _____ Gender: F M
Home Phone: _____ Cell: _____ Work: _____
Address: _____
City: _____ State: _____ Zip: _____
Legally Responsible Representative: _____ Relationship to Patient: _____

Diagnoses:

- | | |
|--|---------------|
| <input type="checkbox"/> Iron Deficiency Anemia secondary to blood loss | ICD-10:D50.0 |
| <input type="checkbox"/> Iron Deficiency Anemia secondary to inadequate dietary intake | ICD-10:D50.8 |
| <input type="checkbox"/> Unspecified Iron Deficiency Anemia | ICD-10:D50.9 |
| <input type="checkbox"/> Other: _____ | ICD-10: _____ |

Medication Orders:

- Iron Sucrose (Venofer): _____ mg every _____ days for _____ doses.
**Optimal frequency is ≤ 3 times weekly
- Other: _____
- ◆ Flush line with 10ml 0.9% NaCl before and after infusion.
 - ◆ Infusion Reaction Management per Infusion Solutions Protocol as needed.

Nursing Orders:

- ◆ Obtain vital signs before start of therapy.
- ◆ Observe for hypotension and have Anaphylaxis kit with 0.9% Sodium Chloride immediately available. _____
- ◆ RN to insert Peripheral IV, rotate sites every 72-120 hours, and remove after completion of therapy.
- Other: _____

Labs:

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> CBC w/diff | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Serum ferritin | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> TIBC (includes iron & transferritin sat.) | <input type="checkbox"/> weekly | <input type="checkbox"/> every _____ |
| <input type="checkbox"/> Other: _____ | | every _____ |

Prescriber Signature

Date

Please Print Name

NPI