FAX BACK TO 951-530-4801 EMPIRE PHARMACY RIVERSIDE, CA PHONE 951-530-8800



Iron Order Form

DEMOGRAPHICS							
PatientName:			DateofBirth:			Gender:□F□M	
Home Phone:		Cell:			_Work:		
Address:							
City:				State:	Zip:		
LegallyRe	esponsible	Representative:		RelationshiptoPatient:			
<u>Diagn</u>	OSES:	 Iron Deficiency Anemia secon Iron Deficiency Anemia secon Unspecified IronDeficiency A Other: 	ondary to ina memia	adequatedie		ICD-10:D50.0 ICD-10:D50.8 ICD-10:D50.9 ICD-10:	
Medication Orders:							
	IronSu	crose(Venofer):	mgevery		daysfor	doses.	
	**Optimal frequency is ≤ 3 times weekly						
	Other:						
• • •	 Flush line with 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutionsprotocol. Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1ratio). 						
Nursing Orders:							
*	Obtain vital signs before start oftherapy.						
•	Observe for hypotension and have Anaphylaxis kit with 0.9% Sodium Chloride immediatelyavailable.						
*	RN to insert Peripheral IV, rotate sites every 72-120 hours, and remove after completion oftherapy.						
	Other:						
Labs:							
	Serum		□weekly □weekly □weekly	□every			
	Other:every						
Pi	rescriberSi	gnature			Date		