



Sunnybrook

HEALTH SCIENCES CENTRE

PHYSICIAN'S ORDERS

Intravenous Iron (Venofer®, Feraheme®) Outpatient Orders

DATE: _____ YYYY / MM / DD TIME (h): _____

PATIENT IDENTIFICATION

<input type="checkbox"/> See Inpatient Allergy Record	<input type="checkbox"/> No Known Allergies	SIGNATURE OF NURSE
	<input type="checkbox"/> Allergies: _____ _____ _____	

COMPLETE ABOVE ALLERGY BOX AT TIME OF INITIAL ORDERS

Physician Must Check Off Appropriate Orders

YES	NO			
		Diagnosis:		
	1	iron sucrose (Venofer®) - Select one of the following doses: Patient weighs at least 50 kg (110 lb) 300 mg in NS 250 mL by IV infusion over 2 hours every <input type="checkbox"/> Months <input type="checkbox"/> Weeks x doses OR Patient weighs less than 50 kg (110 lb) 200 mg in NS 250 mL by IV infusion over 2 hours every <input type="checkbox"/> Months <input type="checkbox"/> Weeks x doses		
	2	ferumoxytol (Feraheme®) 510 mg Contraindications: <ul style="list-style-type: none"> • Ferumoxytol is contraindicated in patients with an allergy to any drug • EXCEPTION: A physician may, at his/her discretion, decide to continue ferumoxytol therapy in a patient with drug allergies who has previously tolerated the drug (i.e., received at least 2 infusions of ferumoxytol without incident) • Pregnancy and breastfeeding (iron sucrose [Venofer®] is the IV iron of choice) Dose: 510 mg diluted in NS 50 mL every <input type="checkbox"/> Months <input type="checkbox"/> Weeks x doses <input type="checkbox"/> Infuse over 15 min (routine) <input type="checkbox"/> Infuse over 60 min in the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Age greater than 65 yrs • Baseline systolic BP less than 100 • Severe asthma or eczema </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Severe respiratory or cardiac disease • Treatment with beta-blockers, ACE inhibitors or 3+ anti-hypertensives • Nephrology patients </td> </tr> </table> Physician to ask patient if an MRI is scheduled – see ferumoxytol IV monograph	<ul style="list-style-type: none"> • Age greater than 65 yrs • Baseline systolic BP less than 100 • Severe asthma or eczema 	<ul style="list-style-type: none"> • Severe respiratory or cardiac disease • Treatment with beta-blockers, ACE inhibitors or 3+ anti-hypertensives • Nephrology patients
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	3	Prescription for Venofer® or Feraheme® has been faxed to (select one): <input type="checkbox"/> Outpatient Pharmacy M1 FAX: 4503 OR <input type="checkbox"/> Odette Cancer Centre Pharmacy (if Rx written by OCC physician) FAX: 9-416-480-7809		
	4	FAX this form to location where patient will be infused (select one): <input type="checkbox"/> Transfusion Medicine Clinic MG551; FAX: 5764 <input type="checkbox"/> Surgical Short Stay Unit (Blood Conservation patients) MG503; FAX: 4128 Laboratory Test Results: Hemoglobin g/L Ferritin mcg/L Transferrin saturation percent Date of labwork results (YYYY/MM/DD):		

Physician's Signature: _____

PRINT NAME: _____

Pager: _____



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