IV Iron Only Prescriber Order Form

Patient Name:		☐ M ☐ F	Date of Birth:
Address:			Patient Phone:
Allergies:	Height: ☐ inches ☐ cm		Weight: ☐ lbs ☐ kg
Insurance:	ID#	Emergency Contact:	Phone#:
Primary Diagnosis Description:			ICD-10 Code:

Medication Orders

- Flush line with 2-3 ml 0.9% Sodium Chloride pre and post medication and/or Heparin 1-3 ml 10 units/mL as final flush.
- Alteplase 2 mg IV to de-clot central IV access as needed for occlusion.
- Supplies for external drug infusion pump, per cassette or bag if needed.

☐ Feraheme 510mg IV Every 3-8 days x 2 doses

☐ Injectafer 750mg IV weekly x 2 doses

☐ Venofer 200mg IV every other day x 6 doses

Skilled Nursing to train patient/caregiver to self-administer medication, start peripheral line (where required), access/maintain central IV access (where applicable), monitor and treat ADR's and administer medications as ordered. RN to discontinue IV at completion of therapy.

Ancillary Orders

Anaphylaxis Kit

- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
- Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.
- 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

Nursing Orders:

- If no central IV access, RN may insert peripheral IV, rotate site as needed.
- Weekly Lab Work: ☐ CBC w/diff ☐ CMP ☐ CRP ☐ ESR ☐ Other: ______________________________
- Other RN Orders: ____

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: ____ **Date:** _________________

Prescriber Information

Prescriber Name:		Phone:	Fax:
Address:		NPI:	
City, State:	Zip:	Office Contact:	

Fax completed form, insurance information, and clinical documentation to:

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