Trinity Health Muskegon & Shelby Infusion Clinics
Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444
Shelby: 72 S. State St. Shelby, MI 49455
Fax: 231-727-4328

Iron Infusion

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: ____/____/____ **Site of Service:** ☐ TH Muskegon ☐ TH Shelby

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____	**Primary Insurance:** _____
Date of Birth: ____/____/____	**Member ID:** _____
Weight: _____kg **Height**: _____cm	**Secondary Insurance:** _____
Allergies:_____	**Member ID:** _____

Diagnosis

☐ Iron Deficiency Anemia (D50.9)
☐ Other: _____

Is patient on hemodialysis? ☐Yes ☐No
Inadequate response to oral iron supplements? ☐Yes ☐No

Labs

Hemoglobin: _____ Date: ____/____/____ Ferritin: _____ Date: ____/____/____

To Be Collected: ☐CBC ☐Iron Studies (Iron, T-sat, TIBC, Ferritin) ☐Phosphorous ☐ Other: _____

Iron Product Selection

☐ Pharmacist to select and dose

-OR-

Ferumoxytol (Feraheme) – *TH Tier 1 Preferred*

☐ **510 mg IV over 30 min weekly x 2 doses**
☐ Other: _____
☐ Pharmacist to Dose

Iron Sucrose (Venofer) – *TH Tier 1*

☐ 100mg IV push every 4 weeks
☐ **200mg IV push 3 times weekly x 5 doses (*preferred regimen)***
☐ 200mg IV push weekly x 5 doses
☐ 300mg IV infusion every 2 weeks x 2 doses
-followed by-
400mg IV infusion x 1 dose
☐ Pharmacist to Dose
☐ Other:
Dose: ☐ 100mg ☐ 200mg ☐ 300mg ☐ 400mg
Sig: ☐ 3 times/week ☐ Weekly ☐ Monthly ☐ Other: _____
Total # of Doses: _____

Iron Dextran (Infed) – *TH Tier 1*

☐ **25mg IV infusion test dose**
-Followed By-
975mg IV infusion once
☐ 1000 mg IV infusion once (*ONLY if tolerated previously)*
☐ Pharmacist to Dose
☐ Other: _____
Administration time: ☐ 1-hour infusion ☐ 4-hour infusion

Ferric Carboxymaltose (Injectafer) – *TH Tier 2 Non-preferred*

☐ Intolerance to other IV iron product
☐ Insurance authorization requires use for treatment
-AND-
☐ **750mg IV push weekly x 2 doses *(preferred regimen)***
☐ 15mg/kg IV push weekly x 2 doses (*if <50kg)*
Pharmacist to Dose

Sodium Ferric Gluconate (Ferrlecit) – *TH Tier 1*

☐ 125mg IV infusion 3 times weekly x 8 doses ☐ Other: _____ ☐ Pharmacist to Dose

Provider Name: _____ Provider Signature: _____

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Office Phone Number: _____ Office Fax Number: _____

Infusion Clinic Standard Care Protocols

IV Access/Line Management

- **Nursing communication**
  Initiate peripheral intravenous access, PRN per institutional policy, to administer medications ordered.
  Last released: Never
- **Nursing communication**
  Access central venous access device (CVAD) PRN per institutional policy, to administer medications ordered.
  Last released: Never
- **sodium chloride 0.9 % flush 5 mL**
  5 mL, intravenous, As needed, line care, Starting when released, Until Discontinued
  Last released: Never
- **sodium chloride 0.9 % flush 10 mL**
  10 mL, intravenous, As needed, line care, Starting when released, Until Discontinued
  Last released: Never
- **sodium chloride 0.9 % infusion**
  20 mL/hr, intravenous, As needed, to keep vein open, Starting at treatment start time, for 1 day
  Last released: Never
- **heparin 100 unit/mL flush injection 300 Units**
  300 Units, intravenous, As needed, line care, Starting when released, Until Discontinued
  Last released: Never
- **heparin 100 unit/mL flush injection 500 Units**
  500 Units, intravenous, As needed, line care, Starting when released, Until Discontinued
  Last released: Never

Emergency Medications

- **Nursing communication**
  VITAL SIGNS: If patients has suspected hypersensitivity or infusion reaction:
  Every 5 minutes until stable; then every 15 minutes until symptoms resolved.
  Last released: Never
- **Nursing communication**
  PULSE OXIMETRY: For suspected hypersensitivity or infusion reaction, initiate pulse oximetry monitoring..
  May discontinue once symptoms resolve.
  Last released: Never
- **sodium chloride 0.9 % bolus 500 mL**
  500 mL, intravenous, Once as needed, for hypotensive management (systolic BP below 90 mmHg), Starting when released, Until Discontinued
  RUN WIDE OPEN AND AWAIT PHYSICIAN ORDERS
  Last released: Never
- **acetaminophen (TYLENOL) tablet 650 mg**
  650 mg, oral, Once as needed, generalized pain, back pain, headache, temperature greater than 100.5 degrees F, abdominal cramping, Starting when released, Until Discontinued
  Last released: Never
- **albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg**
  2.5 mg, nebulization, Every 10 min PRN, wheezing, bronchospasm, hypoxemia, dyspnea, Starting when released, for 2 doses
  May repeat x 1 if symptoms unresolved.
  Administer with 8L of oxygen.
  Last released: Never
- **EPINEPHrine (EPIPEN) 0.3 mg/0.3 mL injection 0.3 mg**
  0.3 mg, intramuscular, Every 15 min PRN, SBP less than 90 mmHg, mild to moderate anaphylaxis, Starting when released, for 3 doses
  May repeat x 2 as needed
  Last released: Never
- **famotidine (PF) (PEPCID) injection 20 mg**
  20 mg, intravenous, Administer over 2 Minutes, Once as needed, severe hypersensitivity / infusion reaction (grade 3), including hypoxemia, dyspnea, bradycardia or tachycardia, chest pain/ pressure, cognitive changes, systolic BP 80-90 mmHg, generalized rash, Starting when released, Until Discontinued
  Dilute with 10 mL of 0.9% Normal Saline.
  IV Push over at least 2 minutes; (if not given within the last 6 hours)
  Last released: Never
- **diphenhydrAMINE (BENADRYL) injection 50 mg**
  50 mg, intravenous, Once as needed, severe hypersensitivity / infusion reaction (grade 3), including hypoxemia, dyspnea, bradycardia or tachycardia, chest pain/ pressure, cognitive changes, systolic BP 80-90 mmHg, generalized rash, Starting when released, Until Discontinued
  If not given within past 2 hours
  If patient has severe hypotension, give after hypotensive episode is resolved
  Use with caution in patients over 60 years of age, or history of asthma
  Last released: Never
- **diphenhydrAMINE (BENADRYL) injection 25 mg**
  25 mg, intravenous, Once as needed, moderate hypersensitivity / infusion reaction (grade 2) including flushing, dizziness, back pain, rigors, localized rash/hives, pruritis, nausea, vomiting, abdominal cramping, temperature greater than 100.5, uneasiness, agitation, feeling of impending doom, Starting when released, Until Discontinued
  Use with caution in patients over 60 yrs of age, or history of asthma
  Last released: Never
- **hydrocortisone sod succ (PF) injection 100 mg**
  100 mg, intravenous, Once as needed, severe hypersensitivity / infusion reaction (grade 3), including hypoxemia, dyspnea, bradycardia or tachycardia, chest pain/ pressure, cognitive changes, systolic BP 80-90 mmHg, generalized rash, Starting when released, Until Discontinued
  Last released: Never
- **Oxygen Therapy, Adult - Device: Nasal Cannula**
  STAT, As needed Starting when released Until Specified
  Device: Nasal Cannula
  Keep O2 Sat Above: 90%