

Trinity Health Muskegon & Shelby Infusion Clinics

Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444

Shelby: 72 S. State St. Shelby, MI 49455

Fax (shared): 231-672-3970

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)

Is patient on hemodialysis? Yes No

Other: _____

Inadequate response to oral iron supplements? Yes No

Labs

Hemoglobin: _____ Date: ___/___/___

Ferritin: _____ Date: ___/___/___

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

Iron Product Selection

Pharmacist to select and dose

-OR-

Ferumoxytol (Feraheme)

TH Tier 1 Preferred Therapy

1020 mg IV over 60 min once

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

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 - must answer one of the first two boxes in addition to selecting dose

Intolerance to other IV iron product

-OR-

Insurance authorization requires use for treatment

-AND-

750mg IV push weekly x 2 doses

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: _____


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%