

**INTRAVENOUS IRON REPLACEMENT
AMBULATORY PROGRAM ORDER SET**

As of April 2023

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Allergies: NKA or _____
Weight (Kg): _____

CRITERIA FOR ADULT OUTPATIENT INTRAVENOUS IRON INFUSION

Choose one of the following (attach labs if not completed at BGH):

Documented intolerance/inadequate response to appropriate trial of oral therapy (At least 4 weeks)

OR

Insufficient time (4 weeks or less) to evaluate efficacy of oral therapy prior to upcoming procedure for patients with anemia and iron deficiency as above (e.g. prior to surgery).

Plus 1, 2, OR 3

1. **Diagnosis of iron deficiency anemia:** Hemoglobin (Hgb) level less than 130 g/L with symptoms (e.g. Fatigue, restless legs). (For pregnant women, refer to Figure 1 on p. 4)
 - Ferritin less than 50 µg/L.
 - Transferrin saturation (TSAT) less than 20% (0.20), AND ferritin less than 100 µg/L
2. **Anemia with chronic kidney disease:** TSAT less than or equal to 30% (0.30) and ferritin less than or equal to 500 µg/L
3. **Heart Failure patients** (NYHA class II and III, EF less than 40%): TSTAT less than 20%, AND ferritin (ferritin less than 100 µg/L or 100 to 300 µg/L). (Evidence mostly for IV preparation)

PATIENT PRESCRIPTION DRUG COVERAGE

Please check 1, 2, OR 3:

1. Private drug insurance coverage available (Prescriber must provide the patient with a prescription for medication as per order selected below to take to pharmacy)
2. Ontario Drug Benefit coverage available (Prescriber must provide the patient with a prescription for medication as per order selected below to take to pharmacy) (check box **a** or **b**):
 - a. Iron Sucrose (Ontario Drug Benefit Exceptional Access Program form must be completed by prescriber)
 - b. Ferric Derisomaltose (Patient must meet Ontario Drug Benefit Limited Use Criteria: LU Code 610)
3. No private drug insurance or Ontario Drug Benefit coverage available. BGH Pharmacy Services to supply intravenous iron (**only Iron sucrose**). (Physician to contact ACU at extension 51251)

MEDICATION SUPPLY

Please check 1 OR 2:

1. Patient will supply iron via prescription
2. BGH to supply Iron Sucrose

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MEDICATIONS

Please check 1 OR 2, AND fill in the blanks:

1. Ferric derisomaltose (e.g. Monoferric™) in 100mL 0.9% sodium chloride IV over 30 to 60 minutes (*Maximum single dose up to 20 mg/kg body weight*) (check box **a** or **b**):
 - a. 500 mg (elemental iron)
 - b. 1000 mg (elemental iron)

2. Iron Sucrose (e.g. Venofer® or generic) (*Maximum dose of 1000 mg per course*) (check box **a** or **b**):
 - a. Iron sucrose 200 mg (elemental iron) in 100 mL 0.9% sodium chloride IV over _____ minutes (*Recommended duration of 15 minutes to 2 hours. Note that rapid administration increases the risk of hypotension*) (*Maximum 200 mg elemental iron on 5 different occasions within 14 days*).
_____ doses to be given approximately every _____ days, starting _____/____/____ (YYYY/MM/DD)

 - b. Iron sucrose 300 mg (elemental iron) in 250 mL 0.9% sodium chloride IV over 90 minutes.
_____ doses to be given approximately every _____ days, starting _____/____/____ (YYYY/MM/DD)
(*Maximum 1000 mg elemental iron in 14 days*)

MONITORING

- Heart Rate (HR), Respiratory Rate (RR), Blood Pressure (BP), Oxygen saturation (SpO₂) prior to infusion, post infusion and PRN
- Monitor the patient for signs and symptoms of hypersensitivity for at least 30 minutes and until clinically stable post infusion

INFUSION REACTION MANAGEMENT

*** If symptoms improve within 30 minutes, consider resuming the iron infusion at half the previous rate***
 *** If the patient remains hypotensive, consider 500 mL Sodium Chloride 0.9% (NaCl 0.9%) IV bolus. Do not resume the iron infusion***

- If the patient develops rash, pruritus, wheezing, dyspnea, dizziness, hypotension, peripheral edema, chest pain or anaphylaxis, stop infusion immediately and contact prescriber
- diphenhydrAMINE 25 – 50 mg IV for one dose if patient develops skin rash or wheezing

PAIN/NAUSEA MANAGEMENT

Pain Management

- acetaminophen 325 – 650 mg PO q4 h prn for pain

Nausea Management

- dimenhydrINATE 12.5 – 25 mg PO/IV q4 h prn for nausea or vomiting

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PATIENT INFORMATION

ADDITIONAL ORDERS
<input type="checkbox"/> _____
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Date (yyyy/mm/dd):	Time:	Provider Name (please print): Provider Signature:
Date (yyyy/mm/dd):	Time:	Transcriber Name (please print): Transcriber Signature:

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PATIENT INFORMATION

FIGURE 1 - ALGORITHM FOR IRON DEFICIENCY ANEMIA IN PREGNANT WOMEN

