



**Iron Dextran Intravenous Administration**

**Patient and Physician Information**

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:** \_\_\_\_\_

**Orders**

Initiate IV Vascular Access Flush Orders #0643 for: ☐ Peripheral Line ☐ Midline ☐ PICC ☐ Port  
☒ Normal Saline 0.9% Solution 20 milliliter/hour INTRAVENOUS (J7050 : 250 ML = 1 unit)

**Premedication**

- ☐ Diphenhydramine (Benadryl) 25 MG ORAL ONCE  
☐ Diphenhydramine (Benadryl) 50 MG IV PUSH ONCE (J1200 : 50 MG = 1 unit)  
☐ Acetaminophen (Tylenol) 325MG 2 TAB ORAL ONCE

Other: \_\_\_\_\_

**Infusion – Iron Dextran [J1750 : 50 MG = 1 unit]**

**Test Dose – IF prior history, NO TEST dose NEEDED**

- ☒ Iron Dextran 25 MG in 50 mL of 0.9% Normal Saline INTRAVENOUS ONCE over 30 minutes if patient has not received Iron Dextran in the past.

**Maintenance Dose**

- ☐ Iron Dextran 100 MG in 50 mL of 0.9% Normal Saline INTRAVENOUS ONCE over 30 minutes.  
☐ Iron Dextran 1000 MG in 250 mL of 0.9% Normal Saline INTRAVENOUS ONCE over 4 hours.

Other: \_\_\_\_\_

**Infusion Reaction**

- ☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

**Discharge**

- ☒ Discharge home 30 minutes after treatment complete if stable.

**Date and Physician Signature**

DATE: \_\_\_\_\_  
07972512

TIME: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE