

Iron Dextran Intravenous Administration

Patient and Physician Information

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

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: _____

Page 1 of 1

PHYSICIAN'S SIGNATURE

DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES