



**406  
ARTHRITIS  
CLINIC**

Get back to your 406 life!

<b>INFUSION SUITE</b>		<b>IRON INFUSION ORDERS</b>	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>			
Name:		DOB:	
<b>MEDICAL INFORMATION</b>			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
<b>REQUIRED TESTING</b>			
<input type="checkbox"/> CBC: _____ <input type="checkbox"/> Iron Studies: _____			
Additional labs: _____			
<input type="checkbox"/> Insert IV <input type="checkbox"/> Access Port/PICC			
<b>PREMEDICATIONS 30 minutes prior to starting</b>			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1		
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1		
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1		
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
<b>VENOFER ORDERS * Must have a CKD diagnosis</b>			
<input type="checkbox"/> Venofer:	200mg IV in 100mL NS over 20 minutes every 2 days X 5 doses		
<input type="checkbox"/> Venofer:	300mg IV in 250mL NS over 90 minutes every 3 days X 3 doses		
<b>INJECTAFER ORDERS</b>			
<input type="checkbox"/> Injectafer:	750mg IV in 250mL over 30 minutes X _____ dose		
<i>*Max doses =2 and doses should be 7 days apart</i>			
<b>FERAHEME ORDERS</b>			
<input type="checkbox"/> Feraheme	510mg IV in _____ mL over _____ minutes X 2 doses		
<i>*2nd dose should be given 3-8 days after 1st dose</i>			
<b>MONOFERRIC ORDERS</b>			
<input type="checkbox"/> Monoferric:	1000mg IV in _____ mL over 20 minutes X 1 dose ( <i>*Over 50kg</i> )		
20mg/kg IV in _____ mL over 20 minutes X 1 dose ( <i>*Under 50kg</i> )			
<b>POST INFUSION</b>			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home after 30 minute observation time			
<input type="checkbox"/> Discharge home without 30 minute observation time			
<b>Referring Provider Printed:</b>			
<b>Referring Provider Signature:</b>		<b>Date:</b>	
<b>Referring Provider Phone:</b>		<b>Referring Provider Fax:</b>	
<b>406 Provider Printed:</b>			
<b>406 Provider Signature:</b>		<b>Date:</b>	

*\*Credentials must be included*

**Nursing Considerations:**

- PI requirement: patient to be monitored for 30 minutes. Monitor for any BP changes.
- Patients receiving Iron Sucrose (Venofer) and Ferumoxytol (Feraheme) are at risk for hypotension.
- Patients receiving Ferric Carboxymaltose (Injectafer) are at risk for hypertension