



Patient Info

Glenmore Landing
Suite D274 -1600 - 90 Ave SW Calgary
Phone (403) 255-4200 ext7 Fax (403) 236-0846
GLInfusionClinic@nbly.ca

Name: _____
DOB: _____
PHN: _____
Contact Number: _____
AB Blue Cross: _____
Health Insurance Info: _____

Current Patient Weight: _____
Allergies: _____

Patient’s recent bloodwork has been reviewed, and this infused medication is indicated based on blood hemoglobin level as per product monograph and prescribing information.

VENOFER

- Loading Dose: Iron sucrose 300 mg IV every 2 weeks for 3 infusions
- Maintenance: Iron sucrose 200 mg IV once monthly
- Other: _____

Special Instructions or Comments: _____

MONOFERRIC

Fixed Dosing Schedule

- For patients weighing $\geq 50\text{kg}$ a fixed dose of **1000mg** by IV infusion over a minimum of 20 minutes
- For patients weighing $\leq 50\text{kg}$ infuse a dose of **20mg/kg of actual body weight** over a minimum of 20 minutes
- Individualized dose based on Hb level being \leq or ≥ 10 g/dL and actual body weight of $\leq 50\text{kg}$, 50kg to $\leq 70\text{kg}$, or $\geq 70\text{kg}$ to a maximum recommended dose of **1500mg** over a minimum of no less than 30 minutes. Calculated individual dose: _____ mg.

Special Instructions or Comments: _____

Nursing Orders: Dilute and Infuse medication as per drug monograph and provide any prn or emergency medications, or oxygen, as may be required while responding to an infusion reaction or in case of an emergency. Observe patient for at least 30 minutes post infusion.

Signature: _____ Date: _____

Prescriber’s Name: _____ Prescriber’s Office Number: _____

CONFIDENTIAL FAX TRANSMISSION WITH THE PATIENT'S CONSENT TO:

Pharmacy: *Sandstone Pharmacies* Fax #: *(403) 236-0846*