



Glenmore Landing
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Iron Deficiency IV Infusion Order Form

Name:
DOB: (MM/DD/YYYY)
PHN:
Ph#:

INDICATION

Patient has had relevant blood work completed **within last 1 month** and requires infusion based on results
 Includes: CBC, Ferritin, Iron Panel (Serum Iron, TIBC, T-Sat), Hgb/MCV and/or have Iron deficiency+/-anemia
 HgB _____ Ferritin: _____ Additional information: _____

Does the patient have any allergies?
 No Yes List all allergies and reactions: _____

Has the patient ever experienced an adverse reaction to an infusion?
 No Yes List all products and reactions: _____

Is the patient pregnant? (Monoferric® is contraindicated, Iron infusion contraindicated in first trimester)
 No Yes

Ideal Body Weight (kg) if BMI > 30 kg/m²: _____ *IBW = Ideal body weight*
Males: IBW = 50 kg + 2.3 kg for each inch over 5 feet
Females: IBW = 45.5kg + 2.3kg for each inch over 5 feet
 Actual Body Weight (kg) if BMI < 30 kg/m²: _____ *Obese Patient: Use Ideal body Weight for dosing*

ORDER

Iron isomaltoside (Monoferric®)

Dose : 1000 mg * 1500mg 500mg

Simplified Dosing Schedule

Hg (g/dL)	Wt < 50kg	Wt 50-70kg	Wt > 70 kg
>10	500mg	1000mg	1500mg
<10	500mg	1500mg	

Obese Patient: Use Ideal body Weight for dosing
 Max dose: 1500mg or 20mg/kg whichever is less
 *1000mg is most common dosage unless body weight indicates otherwise

Iron sucrose (Venofer®)

Dose (Choose 1):

300 mg IV infusion with repeat _____mg, every _____ week(s) x _____
 Other: _____

Iron sucrose dosing criteria

Loading Dose: Iron sucrose 300 mg IV every 2 weeks for 3 infusions
Maintenance: Iron sucrose 200 mg IV once monthly
Max daily dose: Iron sucrose 500 mg IV

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 the patient for at least 30 minutes post-infusion.

PRESCRIBER INFORMATION

Name:	Date:
Signature _____	Ph: _____ Fax: _____