DURANGO INFUSION

INFUSION SUITE	IRON INFUSION ORDERS

Durango Infusion Center
270 E 8th Ave Ste N101 Durango, CO 81301
Phone: 970-828-3500 Fax: 970-828-3501

PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards

Name:	DOB:

MEDICAL INFORMATION

ICD10 / Diagnosis:	Height:
Allergies / Hypersensitivities:	Weight (kg):
	*Weigh patient at each visit

REQUIRED CLINICAL DOCUMENTATION

☐ CBC	Iron Studies
Additional labs:	
☐ Insert IV	Access Port/PICC

PREMEDICATIONS 30 minutes prior to starting

Acetaminophen:	☐ 325mg PO X1	☐ 500mg PO X1	☐ 650mg PO X1	☐ 1000mg PO X1
Diphenhydramine:	☐ 25mg IV X1	☐ 25mg PO X1	☐ 50mg IV X1	☐ 50mg PO X1
Solumedrol:	☐ 40mg IV X1	☐ 100mg IV X1	☐ 125mg IV X1	
Antihistamine	☐ Cetirizine 10mg PO X1		☐ Loratadine 10mg PO X1	
☐ Additional PRN:				

IRON ORDERS

Injectafer 750mg IV in _____mL over 15 minutes X _____ dose

Max doses =2 and doses should be 7 days apart

☐ Feraheme 510mg IV in _____ mL over _____ minutes X 2 doses

2nd dose should be given 3-8 days after 1st dose

Monoferric 1000mg IV in _____ mL over 20 minutes X 1 dose (*Over 50kg)

Monoferric 20mg/kg IV in _____ mL over 20 minutes X 1 dose (*Under 50kg)

POST INFUSION

- **Flush IV line with 25mL NS at the same rate of infusion. D/C IV.**
- **Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess**
- **Discharge home following 30 minute observation**
- **Discharge home without observation**

Signature:	Date:
Provider Name/Credentials:	NPI:
Provider Name/Credentials:	Provider Name/Credentials:
Provider Name/Credentials:	Provider Name/Credentials:
Provider Name/Credentials:	Provider Name/Credentials:

Nursing Considerations: *No benadryl for infusion related reactions

Monitor for any blood pressure changes.