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**
☐ **Methylprednisolone:**	☐ **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 _____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)	
☐ Venofer 200mg IV in_____mL NS over_____15 minutes X_____dose	

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:**	
Referring Provider Printed:			
Referring Provider Signature:		**Date:**	**NPI:**
Referring Provider Phone:		**Referring Provider Fax:**	
DNG Provider Printed:			
DNG Provider Signature:		**Date:**	

Nursing Considerations: *No benadryl for infusion related reactions
Monitor for any blood pressure changes.