

**PATIENT INFORMATION** ( fill out patient information or affix patient label)

Full name  Date of Birth (DD/MM/YYYY)

Address  City  Province  Postal Code

Preferred phone  Alternate phone  Email

Health card #  Allergies

Emergency Contact Name  Emergency Contact Phone

**PRESCRIPTION INFORMATION**

Diagnosis  Hemoglobin (g/l)  Ferritin (ng/mL)  Pregnant?  YES  NO

Weight (lbs)  Weight (kg)  Date of Weight (DD/MM/YYYY)  New to Iron Infusions?  YES  NO If no, reaction details

**MEDICATION**

**Ferinject**

Max dose for treatment: 15 mg/kg | Max dose per week: 1000mg  
Treatment dose split according to bodyweight.  
Pregnancy: Max cumulative dose (gestation wk >=16): 1000mg for Hb >9 g/dL or 1500mg for Hb <=9 g/dL.

Hb (g/dL)	BW <35 kg	BW 35 to <70 kg	BW >=70 kg
<10	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1500 mg	<input type="checkbox"/> 2000 mg
10 to <14	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1000 mg	<input type="checkbox"/> 1500 mg
>=14	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 500 mg

Hb levels should be reassessed no earlier than: 4 weeks post final iron administration in the event the patient requires further iron repletion the iron need should be recalculated, and a new Medical Order

**Monoferric**

Max dose for treatment: 20mg/kg | Max dose per day: 1500mg Treatment dose split according to bodyweight. Pregnancy: Max single dose (gestation wk >=16) restricted to 1000mg, max cumulative 2000mg. Limited use code (if applicable): 610

Hb (g/dL)	BW <50 kg	BW 50 to <70 kg	BW >=70 kg
<10	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1500 mg	<input type="checkbox"/> 2000 mg
>=10	<input type="checkbox"/> 500 mg	<input type="checkbox"/> 1000 mg	<input type="checkbox"/> 1500 mg

Hb levels should be reassessed no earlier than: 4 weeks post final iron administration in the event the patient requires further iron repletion the iron need should be recalculated, and a new Medical Order

**Venofer** Max dose for treatment course: 1000 mg | Max dose per day: 300 mg (recommended 2-3 days between doses)

**TREATMENT INTERVAL**

Every \_\_\_\_\_ week(s)

Number of treatments: \_\_\_\_\_

**DOSE**

- 100 mg in 100 mL NS over at least 30 min
- 200 mg in 100 mL NS over at least 60 min
- 300 mg in 250 mL NS over atleast 90 min
- Other: \_\_\_\_\_ mg in NS over at least \_\_\_\_\_ min

**OTHER TREATMENTS**

**Pre-Infusion (only required if prior reaction)**

**PRN for Reaction**

- Acetaminophen: 325-650 mg PO
- Dimenhydrinate: 25-50 mg PO/IV
- Diphenhydramine: 25-50 mg PO/IV
- Epinephrine: (1:1000) 0.01 mL/kg (max 0.5 mL) SC/IM
- Hydrocortisone: 100 mg IV
- Methylprednisolone IV: \_\_\_\_\_mg
- Oxygen via mask/nasal prongs 2-5 L/min IV: mg \_\_\_\_\_
- Salbutamol Inhaler
- Salbutamol Nebulizer
- Other: \_\_\_\_\_

**PRESCRIBER SIGNATURE & INFORMATION**

Signature  Date (DD/MM/YYYY)

Prescriber Name  License #

Address  City  Province  Postal Code

Contact name  Phone  Email  Fax