

Patient Name: _____ DOB: _____

Allergies: _____ Height (cm) : _____ Weight (kg) : _____

Diagnosis: _____ Diagnosis Code: _____

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Financial authorizations require clinical documentation of medical necessity. To ensure compliance, the criteria below must be indicated as completed by office representative. Incomplete documentation will be returned to the referring office for completion, resulting in delays to the patient receiving treatment.

- Ordering provider is credentialed at Sinai Hospital (Alvin and Lois Lapidus Cancer Center) or Carroll Hospital (William E. Kahlert Regional Cancer Center) to admit and write orders.
- Demographics / insurance information attached, or available in Cerner.
- Provider note dated within 30 days indicating medical need attached, or date if available in Cerner: _____
- Pre-appointment lab results completed within 30 days (transferrin saturation, ferritin, hemoglobin) and results attached, or available in Cerner. Date if in Cerner: _____

Treatment:

Premedication(s) – please check all premedication(s) desired for treatment

- Acetaminophen 650 mg PO once
- Methylprednisolone 125 mg IV push once
- Other: _____

Iron Dextran (Infed®) - Dosing is based on ideal body weight (IBW)

Test Dose:

Iron dextran 25 mg in 50 mL NS, infuse over 10 minutes

- Omit test dose (test doses can be omitted for patients who have tolerated a dose of iron dextran within the past 6 months)

After test dose, wait 1 hour. If no reaction, give premedication(s).

Followed by:

Symptomatic iron deficiency without anemia:

- IBW < 70 kg (or actual body weight if less than IBW): iron dextran 500 mg in 250 mL NS IV over 1 hour
- IBW > 70 kg (or actual body weight if less than IBW): iron dextran 1000 mg in 250 mL NS IV over 1 hour

Hgb 10-12 g/dL (women) or 10-13 (men):

- IBW < 70 kg (or actual body weight if less than IBW): iron dextran 1000 mg in 250 mL NS IV over 1 hour
- IBW > 70 kg (or actual body weight if less than IBW): iron dextran 1500 mg in 500 mL NS IV over 1.5 hours

Hgb 7-10 g/dL:

- IBW < 70 kg (or actual body weight if less than IBW): iron dextran 1500 mg in 500 mL NS IV over 1.5 hours
- IBW > 70 kg (or actual body weight if less than IBW): iron dextran 2000 mg in 500 mL NS IV over 2 hours

Hgb < 7 g/dL:

- Iron dextran 2000 mg in 500 mL NS IV over 2 hours

Iron Sucrose (Venofer®)

- 200 mg in 100 mL NS IV over 30 minutes every 48-72 hours x 5 doses total
- 200 mg in 100 mL NS IV over 30 minutes weekly x 5 doses total
- 500mg in 250 mL NS IV over 3.5 hours every 48-72 hours x 2 doses total
- Other: _____

- Ferumoxylol (Feraheme®)** – 510 mg in 50 mL NS IV over 15 minutes x 2 doses, separated by 3-8 days

Protocol Orders:

- Hypersensitivity/Anaphylaxis Medications: Follow Adult Hypersensitivity Nursing Protocol PRN for the treatment of allergic/hypersensitivity reaction.
- Extravasation Management: Follow established protocol for extravasation as needed.
- Port Care and Flush per Nursing Protocol: Single-lumen flush protocol or double-lumen flush protocol as appropriate.

Physician's Name (Print): _____ Signature: _____ Date: _____

Contact Number: _____ Fax Number: _____

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