



InFed (iron dextran)

Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

Iron deficiency anemia ICD 10 Code: D50.9

Required Labs

Most recent Hgb & Iron Panel (attach results)

Pregnancy Test Status & Date: _____

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg 8mg PO IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes

Iron Dextran Medication Order

Test Dose
_____mg IV Push IV

Injection Dose
_____mg per day for _____day(s) every _____weeks for _____weeks.

*Maximum daily dose is 100mg

Other Dosing _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

Location

Eau Claire Weston Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____