



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

Other: _____ ICD 10 Code: _____

Required Labs (within 3 months & attach results)

Hgb Results _____

Ferritin Results _____

Iron Results _____

TSTAT Results _____

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 in 50mL NS IV over _____ (time)

Infusion Dose

1000 mg 1500 mg 2000 mg

Fluids:

250mL NS 500mL NS

Other: _____

Infusion Time

60 min 90 min 120 min

Other: _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____