Ontario Health atHome

Iron Infusion Order Form

Fax completed form to 1-866-655-6402

Name: _____

Address: _____

Postal Code: _____

Phone: _____

Date of Birth: _____

OHC: _____

Alternate Phone Number: _____

Medical Information

Patient Contact Name_____ Contact Phone _____

Weight _____ kgs Primary Diagnosis _____

Drug and Other Allergies _____

Order Urgency

☐ within next 7 days ☐ 1-2 weeks ☐ 2-4 weeks Other - please specify _____

Iron Therapy Administered in Hospital

Most Recent IV Iron Product Given in Hospital (if applicable) _____ Date _____

IV Access

☐ PIV ☐ PORT ☐ PICC ☐ Central Line ☐ Midline Catheter ☐ Tunneled Line

☐ Flush and lock VAD with _____ ml of _____ solution

☐ Flush and lock VAD with _____ ml of _____ solution

IV Fluids

☐ 0.9% NaCl at 30 mL/h PRN

Vitals/Monitoring

☑ Monitor HR, RR, BP and SpO_2 prior to infusion and every 30 minutes during infusion

☑ Monitor the patient for at least 30 minutes and until clinically stable post infusion

Iron Sucrose

First dose Iron Sucrose is required in hospital, pending Exceptional Access Program (EAP) approval for remaining doses. Requires EAP approval before Ontario Health atHome Services are initiated. The EAP approval number must be communicated on the referral.

EAP Approval Number _____

☐ For the treatment of iron deficiency anemia where the patient has a demonstrated intolerance to oral iron therapy **or** the patient has not responded to adequate therapy with oral iron

☐ Completed and signed Order Set & EAP application form fax to Drug Programs Branch 416-327-7526 or 1-888-811-9908

☐ **First Dose Form is Completed** (for Ferric Derisomaltose (FD) only) HCCSS HNHB First Dose Form

Iron Infusion Product

Note - If patient is receiving treatment through HCCSS the medication will be provided to the patient through Calea. Do **not** have patient pick the medication up from their own pharmacy.

Iron Sucrose (e.g. Venofer)

☐ Iron sucrose 100 mg IV in NaCL 0.9% 100 mL over at least 30 minutes weekly for max _____ doses

☐ Iron sucrose 200 mg IV in NaCl 0.9% 100 mL over at least 60 minutes weekly for max _____ doses

☐ Iron sucrose 300 mg IV in NaCl 0.9% 250 mL over at least 90 minutes weekly for max _____ doses

☐ Iron sucrose 400 mg IV in NaCl 0.9% 250 mL over at least 120 minutes weekly for max _____ doses

Iron sucrose _____ mg IV in NaCl 0.9% 250 mL over at least _____ minutes given as _____ weeks for _____ doses

Bag sizes may change as Calea will determine bag sizes based on stability recommendations

Comments _____

Physician Name _____ **Date** _____ **Time** _____

Physician Signature _____ **CPSO #** _____ **Pager** _____ **Fax** _____

Version **23-005**

Print Clear

Patient Name _____ **OHC** _____

Ferric Derisomaltose (FD) - Limited Use Code 610

☐ Ferric derisomaltose 1,000 mg IV in NaCl 0.9% 250 mL over at least **60** minutes x 1 dose

☐ Ferric derisomaltose 1,500 mg IV total, given as:

- 1,000 mg IV in NaCl 0.9% 250 mL over at least **60** minutes, followed **minimum of one week later** by
- 500 mg IV in NaCl 0.9% 250 mL over at least **30** minutes

Weekly for max _____ doses **Second dose one week later - Date** _____

☐ Ferric derisomaltose 2,000 mg IV total, given as:

- 1,000 mg IV in NaCl 0.9% 250 mL over at least **60** minutes x 2 doses **given minimum one week apart**

Other _____ mg IV in NaCl 0.9% qs to 4 mg/ml as per Calea's stability guidelines. Infuse over at least _____ minutes, _____ weeks apart for _____ doses.

All prescriptions must be signed by the ordering physician and faxed to Home and Community Care Support Services. Patients will receive iron infusion in Community Nursing Clinics. If issues arise, the Community Nursing Clinic will contact the ordering physician.

☐ Once infusion(s) completed as ordered iron therapy order set is complete and patients iron infusions service can be discharged.

Medications

As Community Nursing Clinics do not stock PRN medications, please recommend that patient purchase and BRING to the appointment as per ordering physician:

Pre-Medication

☐ Acetaminopen 650 mg PO x 1 dose
☐ Dimenhydrinate (Gravol®) 25 – 50 mg PO x 1 dose
☐ Cetirizine (Reactine®) 10 – 20 mg PO x 1 dose

Reaction Management

If Fishbane Reaction (facial flushing, chest tightness, joint pain, truncal myalgia, no hypotension, no change in SpO_2, no edema, no hives, no rash) then:

☑ Stop infusion and check vital signs
☑ Give 0.9% NaCl 250 mL bolus. Symptoms usually subside with time and do not reoccur with the restart of infusion
☑ Once symptoms subside, restart infusion at half the previous rate

If Mild/Medium reaction (one or more of the following, decrease in BP, rash, hives, edema, decease in SpO_2) then:

☑ Stop infusion and check vital signs
☑ Cetirizine (Reactine®) 10 – 20 mg PO x 1 dose PRN (do not give if already given as pre-medication
☑ 0.9% NaCl 250 mL IV bolus. Administer as per organization policy and procedure
☑ Once symptoms resolve, restart infusion at half the previous rate. Should a second reaction occur, stop the infusion and notify the ordering physician.

Note: If Severe reaction, Call 911 (Anaphylasix)	(hives, itching, flushed or pale skin, hypotension, constriction of airways, swollen tongue or throat causing wheezing/trouble breathing, weak rapid pulse, nausea, vomiting or diarrhea, dizziness or fainting)

☑ Epinephrine 0.3-0.5 mg IM to anterolateral thigh (0.01 mg/kg; **max 0.5 mg/dose**)
Follow service provider guidelines for severe anaphylaxis

Pain/Fever Management

☐ Acetaminophen ☐ Other _____

Nausea Management

☐ Dimenhydrinate (Gravol®) 25 – 50 mg PO x 1 dose PRN
☐ Dimenhydrinate (Gravol®) 25 – 50 mg IV x 1 dose PRN

☐ Family Physician ☐ Internist ☐ Hematologist

Physician Name _____ **Date** _____ **Time** _____

Physician Signature _____ **CPSO #** _____ **Pager** _____ **Fax** _____

Phone _____

Iron Prescribing Guidelines

The Total Iron Deficit can be calculated using the Ganzoni formula:
Normal Hemoglobin
Women: greater than 120 g/L; Men: greater than 130 g/L
Total Iron Deficit (mg) = Weight in kg x (Target Hb in g/L – Actual Hb in g/L) x 0.24 + Iron Stores
Iron store recommended values: 500 mg if weight greater than/equal to 35 kg; 15 mg/kg if weight less than 35 kg

IV Iron Prescribing Guidelines

- IV iron should be considered for patients intolerant to or not responding to oral iron.
- It is suggested to run first time doses slower than maximum rate
- Infusion times are suggestions and can be extended based on patient factors
- Consider rechecking CBC and ferritin level 1 to 3 months following final dose to determine if further iron is required

Iron Sucrose (e.g. Venofer®)

- Administer in divided doses with a preferred maximum daily dose of 300 mg and maximum dose of 1,000 mg in 14 days
- Dosage regimen recommended once per week or at least 2 – 3 days between doses
- To reduce infusion reactions, consider initiating at lower doses for special patient populations such as elderly, pregnant women and renal patients

Ferric Derisomaltose (FD Monoferric)

- Administer as maximum of 1,000 mg per week
- Ferric derisomaltose can increase risk of hypophosphatemia. Consider checking phosphate level pre and 2-12 weeks post infusion if additional doses of ferric derisomaltose is required. See associated document
- **Counsel women/individuals with a uterus of reproductive potential that IV iron is generally avoided in first trimester and that due to limited safety data for FD in pregnancy, iron sucrose is generally the IV iron of choice during second and third trimester**.

Hemoglobin	Weight less than 70 kg	Weight 70 kg or greater
100 g/L or greater	1,000 mg	1,500 mg
Less than 100 g/L	1,500 mg	2,000 mg

- Patients with ODB coverage can get ferric derisomaltose with the **LU Code 610** if **ALL** the following criteria is met
    - Patient has documented diagnosis of IDA confirmed by laboratory testing results (e.g. hemoglobin, ferritin); AND
    - Patient's IDA has experienced a failure to respond, documented intolerance, or contraindication to an adequate trial (i.e. at least 4 weeks) of at least one oral iron therapy; AND
    - Patient does not have hemochromatosis or other iron storage disorders; AND
    - Community Nursing Clinics within HNHB Home and Community Care Support Services provide appropriate monitoring and management of hypersensitivity reactions to patients receiving treatment.

Oral Iron Therapy Considerations

- Information from the Patient Education Library on optimal dosing and administration of oral iron can be found here.
- Iron salts (ferrous gluconate/sulfate/fumarate) have ODB coverage

Lab Investigations - to be monitored

Please note that blood work cannot be facilitated through Community Nursing Clinics. Lab requisitions would need to be given to the patients for follow up.
Here are recommended labs that physicians can follow:

CBC Reticulocytes Ferritin IBC (includes FE, TIBC, TSAT) B12
Phosphate level if more than one dose Ferric Derisomaltose (FD) is ordered within 3 months to decrease the risk of hypophosphatemia post-infusion
Comments_____