

# McLeod Health

## Iron Replacement Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

Patient Primary Phone Number: \_\_\_\_\_

### Diagnosis (select one):

D50.9 Iron deficiency Anemia, unspecified  D50.0 Iron deficiency Anemia secondary to blood loss

Other: ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Pre-Medications: \*\*administered 30 minutes prior to infusion\*\*

Acetaminophen 650 mg PO

Diphenhydramine: Dose:  25 mg  50 mg Route:  PO or  IVP

Methylprednisolone: Dose:  40 mg or  125 mg Route: IVP

### Drug Orders (select iron product and dosing below):

Iron Sucrose (Venofer) (J1756) via IV route

Dosing:  200 mg  300 mg  400 mg  500 mg

Frequency:  Once  Daily x \_\_\_\_ days  Weekly  Every 2 Weeks  Monthly

Number of Doses: \_\_\_\_\_

Feruoxytol (Feraheme) (Q0138) 510 mg IV over 15 minutes every 7 days for two doses

Ferric Carboxymaltose (Injectafer) (J1439) via IV route

Dosing:  750 mg IV over 30 minutes every 7 days for two doses

15 mg/kg IV over 30 minutes every 7 days for two doses (for patients LESS than 50 kg)

Ferric Gluconate (Ferrlecit) (J2916) via IV route over 60-120 minutes

Dosing:  125 mg  250 mg

Frequency:  Once  Daily x \_\_\_\_ days  Weekly  Other: \_\_\_\_\_

Number of Doses: \_\_\_\_\_

Ferric Derisomaltose (Monoferric) (J1437) via IV route

Dosing:  1000 mg IV over 20 minutes for one dose

20 mg/kg IV over 20 minutes for one dose (for patients LESS than 50 kg)

Other: \_\_\_\_\_

**Lab Orders:**

\_\_\_\_\_

**Standing Orders:**

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion/injection will be stopped and physician notified.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Pre-Screening Requirements:**

- Hemoglobin, Hematocrit, and iron studies including serum iron, total iron binding capacity, serum ferritin, and transferrin saturation (if available)

**Previous Therapies:**

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received iron replacement at another facility, please provide last date received: \_\_\_\_\_

**Insurance Information:**

Insurance Plan Name: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Insurance Customer Service Contact Number: \_\_\_\_\_

**Preferred Treatment Location**

- McLeod Regional Medical Center (Florence)     McLeod Health Loris     McLeod Health Cheraw  
 McLeod Health Seacoast (Little River)     McLeod Health Dillon     McLeod Health Clarendon (Manning)

**Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at [medicationaccessteam@mcleodhealth.org](mailto:medicationaccessteam@mcleodhealth.org).**