

IV Iron (INFeD®, Ferrlecit®, Venofer®) Infusion Therapy Plan Orders

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Name: _____

Kaiser Permanente Member I.D. # _____

Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Order Date: _____ Weight: _____ kg Height: _____ inches	Diagnosis: ICD-10 code (REQUIRED): _____ ICD-10 description _____
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General Plan Communication

- Special instructions/notes: _____

Provider Information

- Premedication should be avoided unless there is a history of hypersensitivity.
- Consider methylprednisolone 125 mg in patients with a history of drug allergies, an allergic diathesis or a history of inflammatory arthritis, wherein both parenteral and oral iron have been shown to exacerbate symptoms.
- Diphenhydramine has been removed from intravenous iron protocols. Side effects from diphenhydramine may mimic symptoms of an anaphylactic reaction, making it difficult to differentiate a Fishbane reaction from anaphylaxis. Giving diphenhydramine can cause tachycardia and/or hypotension, converting the minor reaction to a more serious event.
- Fishbane Reaction: an acute, self-limiting and NON-life-threatening combination of symptoms typically characterized by transient flushing and tightness or pain in the chest and back, and without symptoms of anaphylaxis (e.g., hypotension, tachypnea, tachycardia, wheezing, stridor, or periorbital edema). Symptoms typically resolve upon stopping infusion.
- One time test dose is REQUIRED for Iron dextran. Consider repeat test dose if more than 6 months have elapsed since last Iron Dextran infusion. If less than 6 months have elapsed since last Iron Dextran infusion, KPWA pharmacists are authorized to remove the test dose from this plan.
- INFeD commonly given as 1 gm infusion, or alternatively calculate per manufacturer guideline.
- Manufacturer Total Dose calculation (mL) = $[0.0442 (\text{desired Hb} - \text{Observed Hb}) \times \text{IBW}] + (0.26 \times \text{IBW})$
 - IBW = ideal body weight in Kg
 - Males = $50 + (2.3 \times \text{height in inches over 5 feet})$; Females = $45.5 + (2.3 \times \text{height in inches over 5 feet})$

Infusion Therapy

INFeD is the recommended IV Iron product at Kaiser Permanente

- Test dose – Iron Dextran (INFeD) in 0.9% sodium chloride 50 mL IV infusion**
 Dose: 25 mg Route: Intravenous Frequency: Once Infusion Duration: over 5 minutes.

Note any changes to above regimen: _____

- Iron Dextran (INFeD) in 0.9% sodium chloride 250 mL IV infusion**
 Dose: 1,000 mg _____ mg Route: Intravenous Frequency x1 dose or _____
 Infusion Duration: Over 60 minutes.

If infusion-related reaction:

- STOP infusion immediately;
- Increase primary infusion to wide open rate;
- Administer PRN medications per hypersensitivity protocol;
- Notify MD

Note any changes to above regimen: _____

2nd Line Agents

- Ferric gluconate (FERRLECIT) in 0.9% sodium chloride 100 mL IV infusion**
 Dose: 125 mg Route: Intravenous Frequency: Every _____ for _____ doses.
 Infusion Duration: Over 60 minutes.

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____

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If infusion-related reaction:

- 1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

Note any changes to above regimen: _____

Iron sucrose (VENOFER) injection

Dose: 200 mg **Route:** Intravenous slow PUSH Over 5 minutes. **Frequency:** Q Weekly x 5 doses.

Iron sucrose (VENOFER) in 0.9% sodium chloride 100 mL IVPB infusion

Dose: 200 mg **Route:** Intravenous **Frequency:** Every _____ for _____ doses.
Infusion Duration: Over 15 minutes.

Iron sucrose (VENOFER) in 0.9% sodium chloride 250 mL IVPB infusion

Dose: 300 mg **Route:** Intravenous **Frequency:** Every _____ for _____ 3 _____ doses.
Infusion Duration: Over 90 minutes.

If infusion-related reaction:

- 1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

Note any changes to above regimen: _____

Pre-Meds

Other: _____

Dose: _____ **Route:** Oral **Frequency:** Once, 30 minutes prior to IV Iron infusion

No pre-medications necessary. Contact provider if patient has reaction and requires pre-medications for future doses.

IV Line Care

0.9% sodium chloride infusion 250 mL

Rate: 30 mL/hr **Route:** Intravenous **Frequency:** Run continuously to keep vein open

Start peripheral IV if no central line

Infusion Reaction Meds

albuterol (PROVENTIL) nebulizer solution 0.005%

Dose: 2.5 mg **Route:** Nebulization **Frequency:** PRN for shortness of breath/wheezing

EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector

Dose: 0.3 mg **Route:** Intramuscular **Frequency:** Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.

MethylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF)

Dose : 125 mg **Route :** IV push **Frequency:** Once PRN for hypersensitivity reaction. Notify MD upon giving medication.

Lab Review for Nursing

- Baseline labs before initial treatment: CBC, Iron/TIBC, and Ferritin (labs to be done within 2 months prior to infusion)
- Follow up labs: CBC, Iron/TIBC, and Ferritin 2 to 3 weeks after total dose of iron infused then monthly x 3

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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Nursing Orders

- NOTE: Diphenhydramine has been removed from intravenous iron protocols. Side effects from diphenhydramine may mimic symptoms of an anaphylactic reaction, making it difficult to differentiate a Fishbane reaction from anaphylaxis. Giving diphenhydramine can cause tachycardia and/or hypotension, converting the minor reaction to a more serious event.
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- Iron Sucrose: Given as IVPB or IV push as per orders. If IV push, administer slowly over 5 minutes.
- Monitor patient for signs and symptoms of hypersensitivity during and after iron administration for at least 30 minutes and until clinically stable following completion of the infusion.
- Infusion-related reaction: STOP infusion immediately, and begin primary solution at wide open rate, notify MD, begin monitoring vital signs and administer prn medications for infusion reaction, as appropriate; once patient is stabilized, restart or discontinue infusion as per MD order.
- If patient experiences venous irritation during infusion, assess on pain scale of 0 to 10 and titrate and run fluids concurrently. Mild pain level of 0 to 3: Increase fluids to 100 mL/hr. Moderate pain level of 4 to 6: Increase fluids to 200 mL/hr. Severe pain level 7 to 10: Increase fluids to 300 mL/hr.
- Discontinue IV line when therapy complete and patient stabilized.

References

- INFeD® Prescribing Information. Revised September 2009.
- Auerbach, M et al. [Safety and Efficacy of Rapidly administered \(one hour\) one gram of low molecular weight iron dextran \(INFeD\) for the treatment of iron deficient anemia.](#) Am J Hematology, 2011;10:860-862.
- [Venofer PI](#)
- [Lim W, et al. Sang 2019 May;114\(4\):363-373.](#)
- [Crary SE, et al. Ped Blood Cancer. 2011 Apr;56\(4\):615-619.](#)
- [Pinsk V, et al. IMA Journal. 2008 May;10\(5\):335-338.](#)
- [Leijn E, et al. J Nephrol 2004 May-Jun;17\(3\):423-426.](#)

Kaiser Permanente Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7421 Phone: 360-307-7316

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-383-6262 Phone: 253-596-3666

Olympia Medical Center

700 Lilly Road N.E., Olympia, WA 98506

Fax: 360-923-7106 Phone: 360-923-7164

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____