



DOCORD

DOCTOR'S ORDER SHEET
DEPARTMENT OF INFUSION SERVICES
INTRAVENOUS IRON INFUSIONS

Side 1 of 2

Instructions:

- 1. Do not return charts with new or changed orders to rack.
2. Mark requested orders and/or boxes if indicated.
• Pre-marked box orders will be performed unless otherwise noted.
• No conditional (dependent on the approval of another physician) medication orders will be honored.

DOCTOR'S ORDER REQUISITIONED NOTED

This order form is not valid for prescribing of controlled substances

Instructions: Fax the below information

- 1. Completed and signed doctor's order sheet form
2. Patient demographics including insurance information
3. Once all items are reviewed ChristianaCare Infusion Services will reach out to your patient to schedule

• Phone: 302-733-1548
• Access coordinator: 302-733-1553
• Fax: 302-733-1561

☐ New Referral
☐ Order Renewal
☐ Medication/Order Change

Date: ___/___/___
Patient name:
DOB: ___/___/___
Allergies:
Weight: [kg or lb (mark one)]: ___ Date: ___/___/___
ICD 10:

☐ Insurance Authorization/Prior Auth number:
☐ If no insurance authorization needed provide confirmation/reference number: _____

1) Intravenous iron order: choose one medication

A) Iron Sucrose (e.g. Venofer®)

- ☐ 200 mg IV once every ___ days x ___ doses
☐ 200 mg IV once daily for a total of 5 doses over two weeks
☐ ___ mg IV once every ___ days x ___ doses

B) Ferric Carboxymaltose (e.g. Injectafer®)

- ☐ 750 mg IV once, repeat dose after at least 7 days for a total of 2 doses

C) Ferumoxytol (e.g. Feraheme®)

- ☐ 510 mg IV once, repeat dose after 3-8 days for a total of 2 doses

D) Iron Dextran (e.g. Infed®)

NOTE: The test dose requirement for iron dextran has been removed due to similar rates of hypersensitivity reactions between the various IV iron preparations and the inability of the test dose to consistently predict hypersensitivity reactions.

- ☐ 1000 mg IV once
☐ Other: _____

2) Additional orders:

Signature/Title

Contact phone #

Print Name or ID#

Date ___/___/___ Time

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Side 2 of 2

Key:	BID - Twice daily	MD - Maintenance dose
	D5W - Dextrose 5% in water solution	mg - Milligram
	D/C - Discontinue	min - Minute
	DOB - Date of birth	mL - Milliliter
	HOH - Hard of hearing	ng - Nanogram
	hr - Hour	NPO - Nothing by mouth
	ICD - International Classification of Diseases	NS - 0.9% sodium chloride
	IM - Intramuscular	NSS - Normal saline solution
	IV - Intravenous	PCA - Patient controlled analgesia
	kg - Kilogram	PO - By mouth
	L - Left	PRN - As needed
	LD - Loading dose	R - Right
	LR - Lactated ringers	TID - Three times daily
	mcg - Microgram	X - Times