

Appendix J: Sample Obstetric Outpatient Intravenous Iron Infusion Order Set

Note: This is a SAMPLE developed for a particular facility as an example to work from. You may need to adjust based on the individual circumstances of your facility.

**May be modified for an inpatient order set*

Facility Name: _____

Patient Name: _____ DOB: _____ Date: _____

Physician Name: _____

Physician Call Back Number for Emergencies: _____

Diagnosis (check):

- Iron deficiency anemia in pregnancy: GA 14 - 27.6 weeks (ICD10: 099.012, D50.9)
- Iron deficiency anemia in pregnancy: GA \geq 28 weeks (ICD10: 099.013, D50.9)
- Postpartum anemia (outpatient) (ICD10: 090.81)
- Other: _____

Hgb/Hct: _____ Ferritin Level: _____ Phosphate (if to receive ferric carboxymaltose) _____

Iron Order: (Note: Populate with your institution's current formulary selections or select agents depending on payor mix; choices may consider patient convenience and/or compliance. See below for an example of an iron sucrose dosing calculation if desiring to calculate an individualized dose rather than simply using a typical 1-gram dose which most iron deficient anemic pregnant patients will need.)

- Low Molecular Weight Iron Dextran (LMWID, InFed) 1000 mg IVPB IV x 1. Administration: Give first 25 mg (___ mL) IV over 15 minutes. If no reaction following a few minutes to 15-minute observation, infuse the rest of bag contents (975 mg) to complete infusion over 1 hour (range 1-4 hours)
- Iron Sucrose (Venofer): 500 mg in 250 mL NS IVPB, Infuse over 4 hours x 2 doses on Day 1 and Day _____ (within 1-7 days of Day 1 dose)
- Iron Sucrose (Venofer): 200 mg in 100 mL NS IVPB, Infuse over 30-90 minutes x 5 doses on Day 1 and Days _____ (doses within 1-7 days)
- Ferric Carboxymaltose (Injectafer) (Patients \geq 50 kg): 750 mg in 250 mL NS IVPB (must not be less than 2 mg/mL), Infuse over 15-30 minutes x 2 doses on Day 1 and Day 7
- Ferric Carboxymaltose (Injectafer) (Patients < 50 kg): 15 mg/kg/dose _____ in _____ mL NS IVPB (must not be less than 2 mg/mL), Infuse over 15 –30 minutes x 2 doses on Day 1 and Day 7

Pre-medications: NO medications are needed in most patients

- ▶ Administer MethylPREDNISolone 125 mg (SOLU-Medrol) IV x1 prior to iron infusion IF:
 - Patient is on any medication for asthma OR
 - Patient has 2+ allergies OR
 - Allergies defined by unexpected reactions (e.g., rash, swelling, anaphylaxis, itching). Does NOT include expected side effects to medications.

Treatment of Mild/Moderate Infusion Reactions: defined as any of the following:

- ▶ Fishbane reactions: myalgias (e.g., backpain/back tightness), flushing, dyspnea, arthralgias OR
- ▶ Non-allergic complement activated pseudoallergy reactions: urticaria, pruritis, rash, nausea, headache, mild hypotension/hypertension
 - Stop the infusion. Lay patient on side. Monitor for 15 minutes for symptom resolution
 - If symptoms resolve after 15 minutes:
 - Resume the infusion at half the rate. If patient tolerates the infusion for the first 15 minutes, may increase the rate slowly to original rate.
 - If symptoms DO NOT resolve after 15 minutes:
 - Administer MethylPREDNISolone (SOLU-Medrol) 125mg IV PRN x1 and notify the physician. Do not resume the infusion.
 - If symptoms do not resolve after MethylPREDNISolone administration, contact the physician for symptom-specific treatment (e.g., antihistamine for itching)

Treatment of Severe Infusion Reactions: defined as any of the following:

- ▶ Persistent significant hypotension (SBP drop of 30 mmHg from baseline or SBP < 90 mmHg) OR
- ▶ Angioedema of tongue or airway OR
- ▶ Symptom involvement of 2+ organ systems that are cardiovascular, respiratory, gastrointestinal, or skin in origin (e.g., chest pain with bronchospasm)
- ▶ Stop the infusion and administer rescue medications:
 - MethylPREDNISolone (SOLU-Medrol) 125mg IVPRN x1 AND
 - EPINEPHrine 0.3 IM PRN x1 AND
 - NS bolus 1000 mL IV PRN x1
- ▶ **Notify the physician, activate Code Blue and transfer to the emergency room**

Baseline vitals and per unit standard

Observe patient for at least 30 minutes following completion

Physician Signature: _____ Date: _____

Ganzoni Formula:

Calculate total Fe dose need:

Fe need = wt. (kg) x 0.24 x (target Hgb – current Hgb in gm/L) + 500 mg

Example: 70 kg (pre-pregnancy weight) woman with Hgb of 7.0 gm/L and a target of 11.0 gm/L

= 70 kg x 0.24 x (target: 11.0 gm/L — actual: 7.0 gm/L) + 500 mg

Remember: 7 gm/dL = 70 gm/L

Remember: Use **pre-pregnancy** weight (kg)

= 672 mg + 500 mg = 1172 mg (This is usually rounded to 100 or 200 mg increments)

Ganzoni A. M. Intravenous iron-dextran: therapeutic and experimental possibilities. *Schweizerische Medizinische Wochenschrift*. 1970;100(7):301–303.

Courtesy of Long Beach Miller Children's/Miller Children's and Women's Hospital 2021

(Used with permission of Miller Children's and Women's Hospital)