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## MONOFERRIC / VENOFR / FERINJECT order form

\$125 Administration Fee / In-House Pharmacist

We accept teenagers, and 2<sup>nd</sup> or 3<sup>rd</sup> trimester pregnancy (fetal heart rate monitoring available)

### Patient information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ PHN: \_\_\_\_\_

Address: \_\_\_\_\_ Allergies: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Email Address(required): \_\_\_\_\_

### Prescriber Information

Name: \_\_\_\_\_ Office/Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

### Clinical information

Patient pregnant \_\_\_\_\_ Breastfeeding \_\_\_\_\_ Under age 18 \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Patient Hemoglobin: \_\_\_\_\_ g/L Ferritin: \_\_\_\_\_

Has patient tried oral iron supplementation? \_\_\_\_\_ YES, \_\_\_\_\_ NO

Comments: \_\_\_\_\_

Has patient received IV iron previously and if so, was there a reaction?

Details: \_\_\_\_\_

Prescription (A) Monoferric (iron isomaltoside) to be administered by IV infusion as per product monograph.

Dose: \_\_\_\_\_ 500mg \_\_\_\_\_ 1000mg \_\_\_\_\_ 1500mg Dilute in normal Saline: 100ml \_\_\_\_\_ 250ml \_\_\_\_\_

Prescription (B) Venofer (200mg/100mls Normal Saline) \_\_\_\_\_ 5 treatments over 14 days or \_\_\_\_\_

Prescription (C) Ferinject Under 65kg 500mg \_\_\_\_\_ Over 65kg 1000mg \_\_\_\_\_ Dilute normal Saline: 100ml \_\_\_\_\_

Prescription (D) Normal Saline Bolus 250ml pre-infusion \_\_\_\_\_ post-infusion \_\_\_\_\_

Total number of doses: \_\_\_\_\_ Interval: \_\_\_\_\_ 2 months \_\_\_\_\_ 3 months \_\_\_\_\_ 6 months \_\_\_\_\_ other: \_\_\_\_\_

Note: Prescribers are responsible for ordering and monitoring patient blood work as well as notifying infusion clinic as soon as patient no longer requires above treatment.

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>If the patient has a history of reaction to any iron products:<br/>Give:</p> <p>____ Methylprednisolone 125mg IV<br/>____ Diphenhydramine 25-50mg PO/IV<br/>____ Acetaminophen 650mg PO<br/>____ Other _____</p> | <p>If the patient has adverse reaction during/post infusion:<br/>Give:</p> <p>____ Hydrocortisone 100mg IV<br/>____ Methylprednisolone 125mg IV<br/>____ Diphenhydramine 25-50mg PO/IV<br/>____ Acetaminophen 650mg PO<br/>____ Dimenhydrinate (Gravol) 25-50mg PO/IV</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*\* Current infusion reaction includes the use of above medications according to nurse's assessment

Prescriber Signature: \_\_\_\_\_ Prescriber Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Please fax the completed form to 587-805-2539

By faxing, the prescriber confirms patient consent for Solis Medical Clinic and affiliated pharmacy to contact the patient.