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PEDIATRIC FERINJECT//VENOFER IV INFUSION ORDER FORM

\$240 Administration Fee/ In-House Pharmacy

We accept ages 5 to 14

Place Label Here

MEDICAL HISTORY:

☐ No Allergies Known ☐ Allergies-Adverse Reactions-Cautions: _____

Age _____ Patient's Weight _____ kg

Parent/Guardian(s) name: _____

Prescriber Information:

Name: _____ Office/Clinic: _____ Phone number: _____ Fax number: _____

DIAGNOSIS: _____

• Prescription (A) Ferinject (Ferric carboxymaltose; ages 1-17):

please circle the on the following chart the patients Hemoglobin level and weight to determine dose

Hb		Patient Body Weight					
g/L	mmol/L	10 kg	20 kg	30 kg	40 kg	Tr 50 kg	60 kg
70	4.3	300 mg	600 mg	900 mg	1200 mg	1350 mg	1500 mg
90	5.6	250 mg	500 mg	750 mg	1100 mg	1200 mg	1350 mg
110	6.8	200 mg	400 mg	600 mg	900 mg	1000 mg	1100 mg
130	8.1	150 mg	300 mg	450 mg	700 mg	750 mg	800 mg
≥ 150	≥ 9.3	150 mg	300 mg	450 mg	500 mg	500 mg	500 mg

(maximum: 15mg/kg/dose or 750mg/kg/dose; see Ferinject prescribing chart above)

*If more than 1 infusion is required the prescribed doses should be administered at least 7 days apart

Rationale/Suggestions (for Ferinject):

Formula to calculate dose of total iron sucrose (Venofer) in mg →

Weight(kg) x (target Hgb g/dL-actual Hgb g/dL) x 0.24 + depot iron (mg)

• Prescription (B) Venofer (Iron Sucrose; ages 13+):

200mg/100mls Normal Saline _____ treatments over _____ days or _____

100mg/100mls Normal Saline _____ treatments over _____ days or _____

PRN/PRE Medications

- ☐ Acetaminophen 325-650 mg PO PRN q 4-6 hours for pain, fever or chills
- ☐ Diphenhydramine 25-50 mg PO/IV PRN q 4-6 hours for itching, urticaria, pruritis, hives
- ☐ Dimenhydrinate 25-50 mg PO/IV PRN q 4-6 hours for nausea And vomiting
- ☐ Hydrocortisone 100 mg IV PRN x 1 for anaphylactic reaction
- ☐ Epinephrine (1:1000) 0.01 mL/kg (max 0.5mL) SC/IM PRN Q 10-15 minutes x 2 for severe anaphylactic reaction

- ☐ Oxygen via mask/nasal prongs 2-5L/min PRN for SOB or decreasing O2 sat (below 90% if lower than baseline)
- ☐ Salbutamol 2 puffs q 4-6 hours via aerochamber PRN for dyspnea or wheezing
- ☐ Salbutamol 2.5 mg nebule for inhalation by nebulizer PRN for dyspnea or wheezing x 1 dose
- ☐ Other:

☐ I have reviewed the warnings and precautions for this medication including the risk of infusion associated reactions and the risks of paravenous leakage which can cause irritation of the skin and potential for long-lasting brown discoloration at the injection site with the patient above/or their substitute decision maker. By faxing, the prescriber confirms patient consent for Iron clinic and affiliated pharmacy to contact the patient. CLINIC WILL ALSO REVIEW AND GET CONSENT DAY OF INFUSION.

Physician Signature*

Date* (dd/mm/yy)

Please fax the completed form to 587-805-2539