(sodium ferric gluconate)

FERRLECIT infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ Iron Deficiency Anemia ☐ _____ *(other)*

PRE-MEDICATION (Not Required)

☐ Acetaminophen 1000mg PO
☐ Diphenhydramine 25mg PO
☐ Cetirizine 10mg PO
☐ _____ *(other)*

☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP
☐ _____ *(other)*

FERRLECIT ORDERS

DOSAGE

Recommended cumulative dose for iron repletion is 1000mg, this may be repeated if necessary.

○ 10mL (125mg elemental iron) administered at a rate of 12.5mg/min.

○ 10mL (125mg elemental iron) in 100mL of 0.9% sodium chloride to be administered over 1 hr.

○ 0.12mL/kg (1.5mg/kg elemental iron) diluted in 25mL 0.9% sodium chloride to be administered over 1 hr. *Maximum of 125mg/dose.*

PATIENT WEIGHT

_____ lbs.

_____ kg

FREQUENCY

○ Every other day ○ Three days/week ○ Weekly

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____

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