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 ≥ 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 ≥ 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:

\[
\text{Fe need} = \text{wt. (kg)} \times 0.24 \times (\text{target Hgb} - \text{current Hgb in gm/L}) + 500 \text{ mg}
\]

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

\[
= 70 \text{ kg} \times 0.24 \times (\text{target: 110 gm/L} - \text{actual: 70 gm/L}) + 500 \text{ mg}
\]

**Remember:** 7 gm/dL = 70 gm/L

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

\[
= 672 \text{ mg} + 500 \text{ mg} = 1172 \text{ mg} \text{ (This is usually rounded to 100 or 200 mg increments)}
\]


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

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