

# McLeod Health

Place Sticker Here

## Iron Replacement Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

### Diagnosis (select one):

D50.9 Iron deficiency Anemia, unspecified  D50.0 Iron deficiency Anemia secondary to blood loss

Other: ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Pre-Medications: \*\*administered 30 minutes prior to infusion\*\*

None

Acetaminophen 650 mg PO

Diphenhydramine: Dose:  25 mg  50 mg Route:  PO or  IVP

Methylprednisolone: Dose:  40 mg or  125 mg Route: IVP

Other (include drug, dose, and route): \_\_\_\_\_

### Drug Orders (select iron product and dosing below):

Iron Sucrose (Venofer) (J1756) via IV route

Dosing:  200 mg  300 mg  400 mg  500 mg

Frequency:  Once  Daily x \_\_\_\_\_ days  Weekly  Every 2 Weeks  Monthly

Number of Doses: \_\_\_\_\_

Other: \_\_\_\_\_

### Lab Orders:

\_\_\_\_\_

### Standing Orders:

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion/injection will be stopped and physician notified.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pre-Screening Requirements:

- Hemoglobin, Hematocrit, and iron studies including serum iron, total iron binding capacity, serum ferritin, and transferrin saturation (if available)

### Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received iron replacement at another facility, please provide last date received: \_\_\_\_\_

**Insurance/Authorization Information:**

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Cheraw: 843-320-3469 (Fax)

843-320-5557 (Phone)