Trinity Health Grand Haven

Trinity Health Grand Haven (THGH) Infusion Clinic
1309 Sheldon Road, Grand Haven MI
49417 Phone Number: 616-758-4994
Fax Number: 616-758-4657

IRON INFUSION ORDER SET

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.

Order Date: __/_____/_____

Referral Status: ☐New Referral ☐Dose or Frequency Change ☐Renewal

Patient Name: _____
Date of Birth: _____/_____/_____
Weight: _____**kg** **Height:** _____**cm**
Allergies_____
☐ **NKA**

Primary Insurance: _____
Member ID: _____
Secondary Insurance: _____
Member ID: _____
Authorization number_____

Indicators	**DIAGNOSIS:** ❑ Anemia due to CKD ❑ Anemia due to Iron Deficiency ☐ Iron Deficiency without Anemia (Infed Only)
Pre-Medications	**Pre Medicate** with: ❑ Acetaminophen (Tylenol) 650 mg PO, prior to Infusion or Test dose ❑ Diphenhydramine (Benadryl) _____mg, prior to Infusion or Test dose ☐ **PO** ☐ **IV*** ☐ Other_____ ☑ *Patient may not drive within four (4) hours of IV Benadryl dosing
Test Dose	☐ Iron Dextran (Infed) 25 mg IV in 50 mL NS over 15 minutes x1 dose (Required for initial dose) ☐ Vital Signs every 10 minutes throughout test dose and then every hour ❑ If no reaction 30-60 minutes after test dose, and no significant changes in vital signs, proceed to iron infusion.
Iron Therapy Dose	Note: Dilutions/administration times may be adjusted by pharmacy to follow literature recommendations. ❑ Sodium Ferric Gluconate Complex (Ferrlecit) _____mg IV (dilution in NS, volume and infusion time per pharmacy) ❑ Iron Dextran (Infed) 1000mg IV in 250ml of NS (975mg if 25mg test dose is given). Infuse over 4 hours ❑ Iron Dextran (Infed) _____mg IV (dilution in NS, volume and infusion time per pharmacy) ❑ Iron Dextran per pharmacy calculation. Please provide patient's: Ht:_____ Wt: ____ Current HgB:_____(date of result__/__/__) 250ml Total dose = 0.0442 (14.8g/dl – observed HgB) x LBW + (0.26 x LBW) ❑ Vital signs: Baseline then every hour until infusion complete.
Frequency	❑ Give above dose Daily for a total of_____ doses. ❑ Give above dose Weekly for a total of _____doses. ❑ Give above dose Monthly for a total of _____doses. ❑ Other:_____
Other Orders	☐
	☑ THGH Standard of Care Protocol for IV Access/Line Management and Emergency Medications for Allergic Reactions.

Provider Name: _____ Provider Signature: _____
Office Phone Number: _____ Office Fax Number: _____
Attending Physician Name: _____ (If ordering provider is an advanced practice practitioner, attending physician required)
Note: This order is valid for 12 months from date of physician signature.

Trinity Health
Grand Haven

IRON INFUSION ORDER SET

The following Standard of Care Protocol has been approved for use in the Infusion Clinic at Trinity Health Grand Haven.

INTRAVENOUS ACCES AND LINE CARE PROTOCOL

Type of Intravenous Line	☑ **Peripheral Access**. ☑ May leave Peripheral Access in place if consecutive Infusions are ordered (greater than or equal to daily) ☑ **PICC Line** ☑ Discontinue PICC Line at the end of Infusion Therapy ☑ **Implanted Port** ☑ De-access Port if Infusions are less than or equal to weekly. De-access port at end of Infusion Therapy ☑ **Midline Catheter** ☑ Discontinue Midline at the end of Infusion Therapy ☑ **Central Line (Non-tunneled)** ☑ Discontinue Central Line at the end of Infusion Therapy
Line Care	☑ Peripheral Access: Scrub the positive pressure injection cap(s) with alcohol for 30 seconds prior to accessing the line. ☑ All other Access types: Scrub the positive pressure injection cap(s) with chlorhexidine for 15 seconds prior to accessing the line. If allergic to chlorhexidine, use betadine scrub for 30 seconds prior to accessing line. ☑ All Access types: Change dressing every 7 days and PRN if soiled or non-occlusive ☑ Biopatch to all Access types except Peripheral Access ☑ If Implanted Port, change Huber needle with dressing change every 7 days.
Line Flushing	**Flushing protocol** ☑ Peripheral Access flush with 3mL of 0.9% sodium chloride ***before*** and ***after*** each medication administration ☑ All other access types: Flush with 10mL 0.9% sodium chloride ***before*** and ***after*** each medication administration or 20 mL 0.9% sodium chloride after blood draw ☑ Flush capped lumens with 10mL 0.9% sodium chloride daily if lumen not in use. ☑ Implanted Port: When de-accessing, flush with 10mL 0.9% sodium chloride and follow with 5mL of Heparin 100u/mL.
General Care	**For all Access types except Peripheral Access** ☑ May use Line for lab draws ☑ Minimum of 5 mL of blood to be withdrawn and wasted prior to obtaining blood samples, administering medications or flushing port. ☑ Only 10 mL size syringe to be used to withdraw samples or flush catheter.
Occlusion	☑ If unable to flush line, administer Alteplase (Cath-Flo) 2mg ☑ If unable to flush line, notify Physician of occlusion ☑ STAT portable chest x-ray after insertion **Reason:** Line Placement Confirmation

Trinity Health
Grand Haven

IRON INFUSION ORDER SET

EMERGENCY MANAGEMENT OF ALLERGIC REACTIONS PROTOCOL	
Vital Signs	☑ Vital Signs: if patient has suspected Allergic Reaction: Every 5 Minutes until stable then every 15 Minutes until symptoms resolve. ☑ Pulse Oximetry: for suspected Allergic Reaction, initiate pulse oximetry monitoring until symptoms resolve.
Oxygen	☑ Oxygen PRN adjust to maintain O2 Sat greater than 90%
Cardio-pulmonary	☑ ECG STAT if complaint of chest pain or difficulty breathing ☑ Albuterol 2.5mg/3mL (0.003%) Nebulizer Treatment STAT PRN wheezing, bronchospasm, hypoxemia, dyspnea. Administer with oxygen. May repeat treatment Q10 Minutes for a total of 3 doses. ☑ SVN
Medications	☑ 0.9% Sodium Chloride 500mL IVPB STAT PRN hypotensive management (SBP less than 90mmHg or MAP less than 60). Infuse over 30 Minutes. Notify Physician for further orders. ☑ Acetaminophen (Tylenol) 650mg PO x1 dose PRN generalized pain, back pain, abdominal cramping, headache, or temperature greater than 100.5°F ☑ Famotidine (Pepcid) 20mg IV PUSH STAT x1 Dose PRN Allergic Reaction Severity Grade 3. Administer over 2 Minutes. Notify Physician for further orders ☑ Diphenhydramine (Benadryl) 50mg IV PUSH STAT x1 dose PRN Allergic Reaction Severity Grade 3. If patient has severe hypotension, administer after hypotensive episode is resolved. Use with caution in patient over 60 years of age or history of asthma. Notify Physician for further orders ☑ Diphenhydramine (Benadryl) 25mg IV PUSH STAT x1 dose PRN Allergic Reaction Severity Grade 2. Use with caution in patient over 60 years of age or history of asthma. Notify Physician for further orders ☑ Hydrocortisone 100mg IV PUSH STAT x1 PRN Allergic Reaction Severity Grade 3. Notify Physician for further orders ☑ Epinephrine (EPI-PEN) 0.3mg/0.3mL IM STAT PRN Allergic Reaction Severity Grades 3-4 or Anaphylaxis. May repeat Q15 Minutes x2 doses. Notify Physician for further orders *Based on the CoFAR Grading System for Systemic Allergic Reactions Version 3.0*

Per CMS survey and Certification group memo dated 8/11/2021, "the use of standing orders must be documented as an order in the patient's medical record and signed by the practitioner responsible for the care of the patient, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances.