Healthcare Provider Order Set/Prescriptions for Intravenous Therapy for Treatment of Known or Suspected Iron Deficiency Anaemia with Intravenous Iron at UrgentMD Inc.

URGENT MD

The referring healthcare provider has:

- Evaluated the patient.
- Confirmed or suspects the diagnosis of iron deficiency anemia.
- Reason to believe that the patient does not require a transfusion of packed red blood cells.
- No reason to expect an adverse reaction from the administration of IV iron therapy (Ex; Known allergy).
- Ruled out the likelihood that the patient is suffering from an acute life-threatening process.
- Ensured continued patient follow-up.

Exclusion criteria:

- Clinically unwell appearing patient, including significant tachycardia with heart rate greater than 120 bpm or hypotension with SBP < 90 mm Hg (unless documented to be patient baseline).
- Patient requires a transfusion of packed red blood cells.
- Concern that the patient is at risk of clinical deterioration without immediate management of the underlying cause of the iron deficiency anemia (Ex: rectal bleeding, vaginal bleeding, other bleeding source, etc.).
- Known allergy to the prescribed IV therapies or their components.
- Patient is unable to mobilize on his/her own without assistance (except for his/her own caregiver).

☐ Suspected or confirmed iron deficiency anemia

Iron replacement therapy:

☐ Monoferric (ferric derisomaltose) _____ mg IV, diluted in 100-500mL of Normal Saline
• to be administered over 60 minutes

Recommended weight-based dosing of Monoferric:
If less than 50Kg, administer dose of 20mg/Kg
If between 51- 70Kg, administer dose of 1000mg
If greater than 71Kg, administer 1500mg

☐ Venofer (iron sucrose) _____ mg (min. 100mg/max. 300mg) IV, diluted in Normal Saline (ratio of 1-2mg/mL)
• to be administered over 60 minutes

Intravenous fluid bolus:

☐ Normal Saline _____ mL bolus x 1 (minimum 500mL)

Antiemetics:

☐ Metoclopramide 10mg IV x 1 ☐ Dimenhydrinate 25 mg IV x 1
☐ Dimenhydrinate 50mg IV x 1 (diluted in 50mL Normal Saline)

H2 Blockers:

☐ Famotidine 20 mg IV x 1 to be diluted in 50mL Normal Saline

Analgesia:

☐ Ketorolac 10 mg IV x 1 to be diluted in Normal Saline 50 cc bag
☐ Tylenol 1g PO x 1

Laboratory tests (*NOTE*: results will be sent directly to the referring provider and not reviewed by an UrgentMD provider):

☐ CBC ☐ SMA7 ☐ SMA10 ☐ Iron studies ☐ CRP
☐ Other: _____

In the event of allergic reaction, the nurse providing infusion services may administer any of the following medications:

Epinephrine (1:1000) 0.3-0.5mg IM q 15 mins PRN

Diphenhydramine 50 mg IV/PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Famotidine 20mg IV/PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

Decadron 10 mg IV x 1 or Prednisone 50 mg PO x 1 PRN (If administered IV, to be diluted in 50 mL Normal Saline)

In the event of a dystonic reaction related to Metoclopramide use, nurse may administer:

Diphenhydramine 50 mg IV x 1 to be diluted in 50 mL Normal Saline

Nursing responsibilities in the event of adverse reaction:

Evaluate the patient's clinical status
Monitor patient vital signs
Administer above medications as appropriate
Call 9-1-1 for immediate transport to hospital for definitive care
Provide necessary information to the Emergency Medical Services

Nursing Notes:

Prescriber attestation and prescription for medication administration at UrgentMD Inc.:

I certify that I have evaluated the patient and that I am referring the patient to UrgentMD Inc with an order for the administration of intravenous therapy for an exacerbation of previously diagnosed Crohn's Disease (which may be newly diagnosed only if the referring physician is a gastroenterologist). Treatment will be delivered by a licensed registered nurse as a delegated act. I further acknowledge that I am aware that the patient will not be seen by a physician or nurse practitioner at UrgentMD.

Physician Name _____ Physician License number _____ Date _____