

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

Patient Information:

URGENT MD

1 Westmount Square, Suite C-452,
Westmount, QC, H3Z 2P9
Phone: (514) 329-1999
Fax: (514) 905-9285
Email: info@urgentmd.ca

Patient Name

Date of Birth

RAMQ Number

Phone Number

Address

Allergies

The healthcare provider has:

- Suspected or confirmed iron deficiency anemia
- 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.
 - Given the patient an appropriate IV saline and Monoferric prescription by completing this form and:
 - 1 providing a copy directly to the patient and advising them to fill at their pharmacy for them to bring to their appointment;
 - 2 sending a copy directly to their pharmacy and advising patient to pick it up and bring it to their appointment; or
 - 3 by providing a copy directly to the patient and informing them that they will be asked to fill it at the pharmacy adjacent to UrgentMD on the day of their appointment.

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).

Iron replacement therapy:

- Monoferric (ferric derisomaltose 100 mg/mL) _____ 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

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 iron replacement therapy for suspected or confirmed iron deficiency anemia. Treatment will be provided 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.

Provider Name

Provider License number

Date

Provider Signature

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

Please fax a copy of this order to UrgentMD at (514) 905-9285