



DOCORD

DOCTOR'S ORDER SHEET
DEPARTMENT OF INFUSION SERVICES
INTRAVENOUS IRON INFUSIONS

Side 1 of 2

Instructions:

- 1. Do not return charts with new or changed orders to rack.
2. Mark requested orders and/or boxes if indicated.
• Pre-marked box orders will be performed unless otherwise noted.
• No conditional (dependent on the approval of another physician) medication orders will be honored.

DOCTOR'S ORDER REQUISITIONED NOTED

This order form is not valid for prescribing of controlled substances

Instructions: Fax the below information

- 1. Completed and signed doctor's order sheet form
2. Patient demographics including insurance information
3. Once all items are reviewed ChristianaCare Infusion Services will reach out to your patient to schedule

• Phone: 302-733-1548
• Access coordinator: 302-733-1553
• Fax: 302-733-1561

- ☐ New Referral
☐ Order Renewal
☐ Medication/Order Change

Date: ___/___/___
Patient name:
DOB: ___/___/___
Allergies:
Weight: [kg or lb (mark one)]: ___ Date: ___/___/___
ICD 10:

- ☐ Insurance Authorization/Prior Auth number:
☐ If no insurance authorization needed provide confirmation/reference number: _____

1) Intravenous iron order: choose one medication

A) Iron Sucrose (e.g. Venofer®)

- ☐ 200 mg IV once every ___ days x ___ doses
☐ 200 mg IV once daily for a total of 5 doses over two weeks
☐ ___ mg IV once every ___ days x ___ doses

B) Ferric Carboxymaltose (e.g. Injectafer®)

- ☐ 750 mg IV once, repeat dose after at least 7 days for a total of 2 doses

C) Ferumoxytol (e.g. Feraheme®)

- ☐ 510 mg IV once, repeat dose after 3-8 days for a total of 2 doses

D) Iron Dextran (e.g. Infed®)

- ☐ 25 mg IV push test dose once. Observe for 1 hour, if no reaction then proceed with full dose
*if no test dose required please provide reason: _____

Infusion dose:

- ☐ 1000 mg IV once
☐ Other: _____

2) Additional orders: _____

Signature/Title

Contact phone #

Print Name or ID#

Date ___/___/___ Time

DOCTOR'S ORDER SHEET
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INTRAVENOUS IRON INFUSIONS

Side 2 of 2

Key:	BID - Twice daily	MD - Maintenance dose
	D5W - Dextrose 5% in water solution	mg - Milligram
	D/C - Discontinue	min - Minute
	DOB - Date of birth	mL - Milliliter
	HOH - Hard of hearing	ng - Nanogram
	hr - Hour	NPO - Nothing by mouth
	ICD - International Classification of Diseases	NS - 0.9% sodium chloride
	IM - Intramuscular	NSS - Normal saline solution
	IV - Intravenous	PCA - Patient controlled analgesia
	kg - Kilogram	PO - By mouth
	L - Left	PRN - As needed
	LD - Loading dose	R - Right
	LR - Lactated ringers	TID - Three times daily
	mcg - Microgram	X - Times