### Intravenous Iron for Patients with Heart Failure

**DATE:** ________________  **TIME (hhmm):** ________________  

**PATIENT IDENTIFICATION**

- **See Inpatient Allergy Record**
- **No Known Allergies**
- **Allergies:**

**COMPLETE ABOVE ALLERGY BOX AT TIME OF INITIAL ORDERS**

**Provider Must Check Off Appropriate Orders**

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<th>YES</th>
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1. **Diagnosis:**

2. **Insert IV saline lock**

3. **Select one of the following options:**
   - **Iron sucrose (Venofer®)**
     - 300 mg in NS 100 mL IV infused over 2 hours
     - *(for patients weighing equal to or more than 50 kg [110 lb])*
     - Every ________________ Months x ________________ doses **OR**
     - 200 mg in NS 250 mL IV infused over 2 hours
     - *(for patients weighing less than 50 kg [110 lb])*
     - Every ________________ Weeks x ________________ doses
   - **Iron isomaltoside (Monoferric®)**
     - 500 mg in NS 50 mL IV infused over 1 hour **OR**
     - 1000 mg in NS 100 mL IV infused over 2 hour

4. **For the first infusion of intravenous iron, initiate at 25 mL/h x 5 minutes. If patient tolerates, infuse the remainder of the drug over the ordered infusion time.**

**Email or fax this completed form (with “IV iron outpatient orders” in subject line) to the following:**

- Outpatient Pharmacy M1 – By email: ap.pharmacy@sunnybrook.ca or FAX: 416-480-4503
- Transfusion Medicine Clinic (TMC) – By email: tmc@sunnybrook.ca or FAX: 416-480-5764

**To be infused in:**

- Transfusion Medicine Clinic (TMC) – MG 551

**To be completed by M1 Outpatient Pharmacy OR Odette Cancer Centre Pharmacy**

**Insurance information:**

- For patients with issues regarding payment/insurance, contact Physician and TMC (FAX: 416-480-5764) or Blood Conservation Department (Fax: 416-480-4128)

**Provider’s Signature:** __________________________  **PRINT NAME:** __________________________  **Credentials:** __________________________  **Pager:** __________________________

**DISTRIBUTION:** White Original - Chart

Legend:  
- **DOB** - date of birth  
- **HFN** - hospital file number