

Patient Information

| | |
|---|---|
| Patient Name: | Diagnosis: |
| DOB (DD/MM/YYYY): | Allergies: |
| Phone: | Patient Weight (kg): |
| Email: | Hgb Levels: Ferritin Levels: |
| Is the patient: • Under 18 • Pregnant or breast feeding • History of reactions to iron • Has multiple drug sensitivities • Mast-cell disorders or moderate to severe asthma Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please refer to the hospital for treatment. Monoferric is contraindicated for those with hemochromatosis and liver disease. | Does the Patient have a history of medication reactions? Yes <input type="checkbox"/> No <input type="checkbox"/> Please consider the medications listed below in the related orders section. |

Monoferric Prescription

Select the desired dose based on hemoglobin level & patient weight

| Hb (g/L) | <50kg | 50-70kg | ≥70kg |
|----------|--------------------------------|---|--|
| ≥100 | <input type="checkbox"/> 500mg | <input type="checkbox"/> 1000mg | <input type="checkbox"/> 1500mg |
| <100 | <input type="checkbox"/> 500mg | <input type="checkbox"/> 1000mg + 500mg | <input type="checkbox"/> 1000mg + 1000mg |

A total Monoferric dose more than 20mg/kg or 1500mg must be divided into 2 doses, a minimum of seven days apart.

Infusion time: All doses are provided in 250mL NS over 45 minutes.

☐ **Ontario – LU Code: 610**

For the treatment of patients with Iron Deficiency Anemia (IDA) who meet ALL the following criteria:

- Patient has documented diagnosis of IDA confirmed by laboratory testing results (e.g., hemoglobin, ferritin); AND
- Patient's IDA has experienced a failure to respond, documented intolerance, or contraindication to an adequate trial (i.e., at least 4 weeks) of at least one oral iron therapy; AND
- Patient does not have hemochromatosis or other iron storage disorders.

Infusion Related Reaction - PRN Orders

For patients with **prior reactions**, the following **pre-medications are optional**

- ☐ Cetirizine 10-20mg PO
- ☐ Dimenhydrinate 25-50mg PO
- ☐ Tylenol 650mg PO

In the event of an **adverse reaction**, the following **medications** may be administered for **symptom management**:

- ☐ Cetirizine 10-20mg PO
- ☐ Dimenhydrinate 25-50mg PO/IV
- ☐ Tylenol 650mg PO
- ☐ Epinephrine 1:1000 .5mg IM

Prescribers Information

| | |
|-------------------------|-----------------|
| Prescriber's Name: | Phone Number: |
| Fax Number: | Billing Number: |
| Prescriber's Signature: | |
| Date (DD/MM/YYYY): | |