

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"/>	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.
If yes, please refer to the hospital for treatment. Monoferic is contraindicated for those with hemochromatosis and liver disease.	

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):	