New Braunfels ER & Hospital 3221 Commercial Circle New Braunfels, TX 78132

Ph: (830) 632-9843 Fax: (830) 402-2171



NPI: 1316617707

Tax ID: 85-1919095

Gene					
	ALLERGIES:				
PRIMARY DIAGNOSIS: *** Must choose a primary from lists below ***					
	D50.0 Iron deficiency anemia secondary to blood loss (chronic)		D64.81 An	emia due to antineoplastic chemotherapy	
	D50.8 Other Iron Deficiency Anemias		D63.1 Ane	mia in chronic kidney disease	
SE	CONDARY DIAGNOSIS:				
	K90.9 Intestinal malabsorption, unspecified		N18.9 Chr	onic kidney disease, unspecified	
	T50.905A Unspecified adverse effect of unspecified drug, medicinal and biological substance				
	T50.995A Other drug allergy				
	Metric Measurements: Weight: kilograms;	; Heig	ght:	centimeters.	
	OK to start infusion on date	_ base	d on labs	dated	
	ratory				
☑Ensure ordering provider to include/ attach a copy of current (within 30 days old) lab results (baseline CBC, Iron Panel (Iron, Transferrin, % TRF, and Ferritin) with this order-set					
Nursing Orders					
✓	IV ACCESS: ☐ Peripheral ☐ PICC ☐ Tunneled	Cathet	er 🗆	Implanted Port	
	☐ May Access Port-A-Cath	ШΜ	ay draw	labs from Central Line	
$\overline{\checkmark}$	Hypersensitivity / Anaphylaxis Management for Outpatient Infusions / Desensitization Order-Set				
	Vital signs: baseline and every 30 minutes until discharge				
	☑ Hold patient 30 minutes post-infusion to observe for any signs and symptoms of hypersensitivity reactions				
Hydra	Hydration Orders				
	\square Sodium chloride 0.9% 500 mL IV x 1 bag at 500 mL/hour as needed to decrease vein discomfort				
	dedications				
	Acetaminophen (Tylenol) 650 mg orally x 1 dose		Famotid	ine (Pepcid) 20 mg IV x 1 dose	
	Diphenhydramine (Benadryl) 25 mg IV x 1 dose	or i 125	f not avai 5 mg IV x	rtisone (Solu-cortef) 100 mg IV x 1 dose ilable methylprednisolone (Solu-medrol) 1 dose [Consider in asthma, hx of g allergies, or inflammatory arthritis]	
Medic	cation Orders				
V	☑ If no intravenous iron product was selected, pharmacist to notify CNO				
Iron dextran, low molecular weight (LMW ID) (INFeD) ☐ Test dose (required): administer Iron dextran 25 mg (0.5 mL) over 5 minutes while observing the patient. If no					
_	symptoms occur during the first 5-10 minutes, administer the remainder				
	, ,				
	Iron dextran 1000mg in sodium chloride 0.9% 250 mL IV over 60 minutes x 1 dose				
\checkmark	If weight less than 50 kg, pharmacist to calculate dose at 20 mg/kg of body weight				
Ferric Carboxymaltose (Injectafer)					
\square					
MD Signature:				Date:	
				Patient Name:	
				Date of Birth:	

Contact Ph number: