Regina Qu'Appelle HEALTH REGION

PRACTITIONER PRE-PRINTED ORDERS
Ferric Derisomaltose (Monoferric®)
Intravenous (Iron) Therapy in Pregnancy for Out Patient Use ONLY
(TRIAL Use Only)

To complete the order form, fill in required blanks and/or check the appropriate boxes.
Bulleted items will be initiated automatically.
To delete orders, draw one line through the item and initial.

Allergies: **See Allergy / Intolerance Record**	Patient Weight _____ kg ☐ Estimated ☐ Actual

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Diagnosis and Inclusion Criteria

- Iron Deficiency Anemia (IDA) as per Clinical Trial Protocol
- Criteria met as per Inclusion/Exclusion Criteria form, and enrolled in Iron isomaltoside/ferric derisomaltose versus Iron Sucrose Clinical Trial

Exclusion Criteria

- Does not meet inclusion criteria as per IDA Clinical Trial Protocol
- Multiple gestation pregnancy
- Significant comorbidities: (e.g. lung disease, clotting disorders, heart conditions, immunological conditions, cancer history or presently receiving cancer treatment)
- IV iron treatment within the last 4 weeks

Investigations or Tests

- Blood work if not done in the last 2 weeks:
  - Iron studies (serum ferritin, TIBC, TSAT)
  - CBC, Reticulocyte count
  - B12
- Other: _____

Treatments

- Refer to Intravenous Iron Therapy Care Plan Insert (RQHR 1598)

Observation

- Baseline BP, HR prior to initiation of all doses, every 15 minutes during infusion(s) and at 30 minutes post infusion
- Fetal Monitoring: Assess uterine activity and fetal heart rate using fetal Doptone®/doppler prior to initiating infusion and within 30 minutes post infusion
  NOTE: This monitoring is a minimum. If increase in fetal monitoring is required, or changes in uterine activity, contact obstetrical care provider STAT for guidance.
- Observe peripheral IV site for pain, redness, or swelling prior to initiating infusion and q 15 - 30 minutes until infusion complete
- Observe for signs of hypersensitivity reaction every 15 minutes during infusion and 30 minutes post infusion. (Refer to Appendix A: Iron Infusion Hypersensitivity Reactions Management Algorithm)
- Observe for signs of anaphylactic reactions (i.e. diaphoresis, hypotension, collapse) every 15 minutes from initiation of infusion and for 30 minutes after the end of infusion
- Out patients may be moved to a suitable observation area after completion of infusion

Date & Time	**Practitioner Signature:**
	Practitioner Name (printed):

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Medication

- Stop all previous forms of oral iron
- Administer IV iron in a monitored resuscitative facility where physicians/code team available
  NOTE: Pre-medications are not recommended. If patient has a history of sensitivity to oral iron medication or medications containing elemental iron, nursing staff shall notify obstetrical care provider for further pre-medication orders.

The Pharmacy department will supply one of the following:

- iron sucrose (Venofer®) 300 mg. Refer to PP-650 Antepartum Intravenous Iron Therapy for further Practitioner orders.

  OR

- iron isomaltoside (alt name: ferric derisomaltose [Monoferric®]) 1000 mg

Anaphylaxis Management

- Refer to Clinical Procedure CS-CP-0014 Anaphylaxis – Identification and Initial Treatment – Acute and Continuing Care Settings
- If severe anaphylaxis, obtain Serial Serum Tryptase (Roy Romanow Provincial Laboratory) as soon as possible following reaction

Tryptase Collection Procedure

Discharge Planning

- If stable after mild or moderate acute hypersensitivity reaction for 1 - 4 hours, may discharge patient home
- Provide requisition to patient upon discharge for post infusion bloodwork CBC, ferritin, TIBC, TSAT, to be completed at 30 days post-infusion

Study Coordinator/MBU Coordinator Use only:

Coordinator Name: _____ Date Reviewed: MM/DD/YYYY: _____
Randomization Group _____ Block _____
Study Coordinator to identify and which of the following two medications will be received by the patient:
☐ iron sucrose (Venofer®) 300 mg in 250 mL NS. Refer to PP-650 Antepartum Intravenous Iron Therapy
☐ iron isomaltoside (alt name: ferric derisomaltose [Monoferric®]) 1000 mg in 100 mL NS

Faxed completed PPO to obstetrical care provider ☐ Yes
Confirm PPO received by infusing area ☐ Yes
Study ID assigned, patient notified of study ID ☐ Yes
Date(s) of appointment for iron infusion: _____/_____/_____
Follow up Blood work due MM/DD/YYYY: _____

- **Fax this PPO signed by obstetrician to Patient Blood Management Department at 306-766-3466 or email to patientbloodmanagement@saskhealthauthority.ca**

Date & Time	**Practitioner Signature:**
	Practitioner Name (printed):