Vitality BioMed

IV Iron Infusion — Referral & Order Form

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Confidential — sent electronically

PATIENT INFORMATION

Patient name:	**Date of birth:**	**PHN:**
Phone:	**Email:**	**Body weight:** _____ kg

CLINICAL ELIGIBILITY & INDICATION

Recent bloodwork attached (within 1 month): ☐ CBC ☐ Ferritin ☐ Iron panel / TSAT

Hgb: _____ g/L	**Ferritin:** _____ µg/L	**TSAT:** _____

Oral iron trialed? ☐ Yes — response / intolerance: _____ ☐ No

Allergies: ☐ No ☐ Yes — specify: _____	**Prior infusion reaction:** ☐ No ☐ Yes _____

Reaction risk factors: ☐ Beta-blocker / ACE inhibitor ☐ Severe asthma / eczema ☐ Mast cell disorder ☐ Multiple drug allergies ☐ Prior IV-iron reaction

Pregnant: ☐ No ☐ Yes → trimester: ____ *No IV iron in 1st trimester; Monoferric from week 16.*

CURRENT SYMPTOMS (check all that apply)

☐ Fatigue / low energy	☐ Reduced exercise tolerance	☐ Shortness of breath on exertion	☐ Brain fog / poor concentration
☐ Headaches	☐ Dizziness / lightheadedness	☐ Palpitations	☐ Hair loss / thinning
☐ Brittle nails	☐ Restless legs	☐ Cold intolerance	☐ Pallor
☐ Pica / ice craving	☐ Low mood / irritability	☐ Reduced libido	☐ Heavy menstrual periods
☐ Other: _____		Symptom duration: _____	

ORDER — IRON PRODUCT & DOSE

☐ **Monoferric (ferric derisomaltose) 100 mg/mL** — given as a single dose (band dose is within the 20 mg/kg single-dose maximum).

Body weight	**< 50 kg**	**50 – 74 kg**	**≥ 75 kg**
Total dose	☐ 500 mg	☐ 1000 mg	☐ 1500 mg

☐ **Venofer (iron sucrose) 20 mg/mL** — 200 mg per administration (max 200 mg/dose): ☐ 200 mg IV × ____ doses, every ____ week(s) Total: _____ mg

☐ **Other dose / instructions:** _____

Medication supply: The prescription is to be sent by the provider to a pharmacy; the patient picks it up and brings the dispensed product to the appointment. VBM does not procure or dispense the medication.

NURSING & PRN / EMERGENCY ORDERS

Dilute in 0.9% NaCl and infuse per VBM IV Iron SOP / product monograph. Apply slow-start; observe patient ≥ 30 minutes post-infusion. For a Fishbane reaction (flushing, truncal myalgia, chest tightness): hold infusion and do NOT give antihistamines. Administer PRN/emergency medications below as required for an infusion reaction.

☐ Acetaminophen 325–650 mg PO q4–6h PRN pain/fever/chills	☐ Oxygen 2–5 L/min PRN SOB or SpO2 < 90%
☐ Cetirizine 10 mg PO PRN isolated urticaria/itch (non-sedating)	☐ Salbutamol 2 puffs (or 2.5 mg neb) q4–6h PRN wheeze
☐ Ondansetron 4–8 mg PO/IV PRN nausea/vomiting (non-sedating)	☐ Hydrocortisone 100 mg IV ×1 + diphenhydramine 50 mg IV PRN anaphylaxis
☐ Epinephrine 0.3–0.5 mg IM q5–15 min PRN anaphylaxis (max ×2)	☐ Other: _____

REFERRING PRESCRIBER & AUTHORIZATION

Name:	**Designation / License #:**	**Clinic:**
Clinic phone:	**Fax:**	**Email:**

I am a Nurse Practitioner or Medical Doctor with prescribing authority in Alberta. I have confirmed the indication and dose, reviewed the warnings/precautions (including infusion-reaction and extravasation risks) with this patient, and I am responsible for any required bloodwork and follow-up. Adverse effects will be reported to me.

Signature:	**Date:**