**DOCTORS ORDERS**  
**IRON DEXTRAN PROTOCOL**

<table>
<thead>
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<th>CHECK OFF/ INITIALS</th>
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<td><strong>1.</strong> INFORMATION NEEDED TO CALCULATE TOTAL DOSE OF IRON NEEDED:</td>
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<tr>
<th>Patient’s height: cm</th>
<th>Weight: kg</th>
<th>Hemoglobin: g/dL</th>
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2. 0.9% Sodium Chloride Intravenous at 100 mL/hour.

3. Iron Dextran Test dose of 25 mg (0.5 mL) intravenous push over at least 30 seconds.

4. Wait one hour.

5. If no reaction, pre-medicate with:
   a. Diphenhydramine (Benadryl®) 25 mg orally times one dose.
   b. Acetaminophen (Tylenol®) 650 mg orally times one dose.
   c. Dexamethasone (Decadron®) 10 mg in 50 mL 0.9% Sodium Chloride intravenous piggyback over 20 minutes.

6. _______mg in 500 mL 0.9% Sodium Chloride intravenously over 4 hours.
   OR
   Pharmacy to calculate dose.
   _______mg in 500 mL 0.9% Sodium Chloride intravenously over 4 hours.

7. If patient is currently on oral iron supplementation, discontinue it.

8. Exam with CBC, CMP and reticulocyte count in 3 weeks.

**Physician/Date/Time:**  
**Nurse/Date/Time:**  
**Secretary/Date/Time:**

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**Full page of orders requires only one physician, one nurse and one clerical signature**

Original to Patient’s Chart  
Fax to Pharmacy

Original: 1/10  
Reviewed: 9/10; 10/11; 10/12; 10/13  
Revised: 4/11; 10/11; 10/12  
Form # 7.8-050