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| Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date written: DateWeight: \_\_\_\_\_ Height: \_\_\_\_\_\_Allergies: \_\_\_\_\_\_\_\_\_ Hemoglobin (Hb): \_\_\_\_\_Ferritin: \_\_\_\_\_\_ Transferrin saturation (TSAT): \_\_\_\_\_\_\_This prescription is the original and will not be reused. | **patient Identification** Last name: First name:Date of birth:Health insurance number: |

**INDICATION**

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| Person 18 years of age or older with **iron deficiency, whether absolute or relative,** accompanied or not by anemia and defined as at least one of the following (*tick one indication*):[ ]  Ferritin ˂ 30 mcg/L [ ]  Ferritin ˂ 100 mcg/L (**in the context of subacute or chronic inflammation or in perioperative settings)**[ ]  Ferritin ˂ 500 mcg/L and TSAT ˂ 30% **(Stages 3, 4, 5 and 5D chronic kidney disease [including dialysis])**[ ]  Ferritin ˂ 100 mcg/L OR ferritin between 100 and 300 mcg/L and TSAT ˂ 20% (**heart failure with reduced ejection fraction [≤ 40%] and New York Heart Association [NYHA] ≥ II)** *In this situation, IV iron can be used at once.* | **AND** who might benefit from the use of intravenous (IV) iron because of one of the following (*tick at least one indication*):[ ]  Ineffectiveness of or intolerance to oral iron preparations [ ]  Severe symptoms of anemia[ ]  Anticipated inadequate absorption of oral iron[ ]  Continuous blood loss[ ]  Parenteral nutrition of an anticipated duration of > 2 weeks [ ]  Chronic hemodialysis [ ]  Severe anemia during pregnancy [ ]  Certain advanced cancers[ ]  When an increase in Hb or iron repletion for maintaining Hb is required in any of the following situations, especially if a blood transfusion is not an option or could be problematic (*tick the situation that applies*): [ ]  In anticipation of high-bleeding-risk surgery (elective or urgent)[ ]  Hb < 100 g/L for newly diagnosed iron deficiency anemia after 34 weeks of pregnancy[ ]  In anticipation of a high-bleeding-risk elective caesarean section (placenta previa, placenta accreta spectrum disorders, or large uterine myomas) [ ]  In pregnancy, in the presence of a moderate to high bleeding risk |
| [ ]  The patient does not have any pharmacological contraindications to the use of the prescribed parenteral iron formulation (if necessary, refer to the product monograph or the table in Section 3.2 of INESSS protocol No. 888030). |

**INITIATING TREATMENT**

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| *The iron preparations are presented in alphabetical order by generic name.* |
| [ ]  **Ferric derisomaltose** (100 mg/mL) (max.: 20 mg/kg per administered dose)(*in hemodialysis patients, administer in 100 mL of 0.9% NaCl*)[ ]  500 mg or [ ]  1000 mg or [ ]  1500 mgin [ ]  100 mL or [ ]  250 mL of 0.9% NaCl IV over 1 hour\**\*If a slower rate is desired, indicate the duration of administration*: \_\_\_\_\_\_\_\_\_\_ | If the total dose could not be administered in one session, supplement with one dose of: [ ]  500 mg [ ]  1000 mgafter at least 7 days*Usual total dose: 1000 to 2000 mg* |
| [ ]  **Ferric gluconate complex** (12.5 mg/mL)[ ]  62.5 mg or [ ]  125 mg in 100 mL of 0.9% NaCl IV in 1 hour\**\*If a slower rate is desired, indicate the duration of administration*: \_\_\_\_\_\_\_\_\_ | Repeat this dose every \_\_\_\_\_\_\_\_for a total of \_\_\_\_\_\_ doses *(minimum of 48 hrs between doses. Usual total dose: 1000 mg.)* |
| [ ]  **Iron sucrose** (20 mg/mL)[ ]  100 mg in 100 mL of 0.9% NaCl IV over 30 min\* (*over 1 hour in hemodialysis patients*)[ ]  200 mg in 100 mL of 0.9% NaCl IV over 1 hour\*[ ]  300 mg in 250 mL of 0.9% NaCl IV over 1.5 hours\**\* If a slower rate is desired, indicate the duration of administration*: \_\_\_\_\_\_\_\_\_ | Repeat this dose every \_\_\_\_\_\_\_\_for a total of \_\_\_\_\_\_ doses*(minimum 48 hrs between doses. Usual total dose: 1000 mg.)* |
| [ ]  Discontinue oral iron or [ ]  resume oral iron \_\_\_ weeks after the end of IV iron therapy or [ ]  Continue concomitantlyIf anaphylaxis: epinephrine 1:1000 (1 mg/mL) 0.5 mg IM, may be repeated q 5-15 min. prn(For procedures to be performed in emergency situations, see INESSS protocol No. 888030 and the [Protocole d’immunisation du Québec](https://www.msss.gouv.qc.ca/professionnels/vaccination/protocole-d-immunisation-du-quebec-piq/)) |

QUéBec national medical PROTOCOL

For more complete instructions, see INESSS protocol No. 888030, published on its website, when executing this prescription.

**FOLLOW-UP**

Schedule follow-up laboratory tests (CBC, ferritin and TSAT) 4 to 6 weeks after treatment completion.

Arrange a means of contact to ensure the follow-up and continuity of care.

**IDENTIFICATION OF THE PRESCRIBER WHO WROTE THIS PRESCRIPTION**

Last name, first name: Click or tap here to enter text.

License to practice number: Click or tap here to enter text.

Name of institution or clinical setting: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Corresponding address: Click or tap here to enter text.

Signature: