

Patient details (attach sticker)			Height (cm)			Dosing calculation (booking weight)				
Name:			Booking Weight (kg)			Hb (g/L)		50 to ≤ 75kg	>75kg	
MRN:			BMI			≥90		1000mg	1500mg	
DOB:			Current Hb (g/L)			<90		1500mg	2000mg	
			Target Hb 120 (g/L)			If BMI ≥30 use ideal body weight at booking				
			Allergies:			If calculated dose >20mg/kg give as divided infusions 1 week apart (1x 20mg/kg, 1x remaining dose) rounded down to nearest 100mg				
Date of infusion	Drug	Dose (mg)	Infusion fluid	Route	Duration of infusion ≤1000mg over 15mins >1000mg over 30 mins via infusion pump	Batch number	Time given	Given by	Checked by	
	MONOFER		100ml Sodium Chloride 0.9%	IV infusion						
Prescriber PRINT name & signature:						Pharmacy Screened by:				
Date:						Ordered by:				

PRN medicines	
Adrenaline 1:1000 500mcg (0.5ml) IM Stat Sign: Date:	Date
	Time
	Sign
Hydrocortisone 100mg (Max 500mg in 24hrs) IM or Slow IV Sign: Date:	Date
	Time
	Sign
Paracetamol 1g every 4-6 hours (Max dose 4g in 24hrs, reduced to 3g in 24hrs if <50kg) ORAL/IV Sign: Date:	Date
	Time
	Sign
Chlorpheniramine 10mg (Max 40mg in 24hrs) IV Sign: Date:	Date
	Time
	Sign