

# LAKELAND DIALYSIS LIMITED

Due to the changes in the rules for the administration of **INTRAVENOUS IRON**, the following medication must be prescribed to allow us to administer it.

Name of Patient	
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Iron Type	Dose	Frequency	Route

## **In case of an anaphylactic reaction:-**

OXYGEN @ 15 litres per minute.

ADRENALINE 500mcgs 0.5mls Emerade via an intramuscular injection.

Dr 's Name	Dr's Signature	Date
Nurse Prescriber 's Name	Nurse prescriber 's Signature	Date

**Only complete if administration is required.**