

Patient: \_\_\_\_\_  
Address: \_\_\_\_\_  
PHIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_

**STANDING ORDER FOR MONOFERRIC INFUSIONS:**  
**ANAPHYLAXIS OR ALLERGIC REACTIONS**

**Benadryl (diphenhydramine) 25-50 mg IV x 1 PRN for allergic reaction**

**Gravol (dimenhydrinate) 25-50mg IV x 1 PRN for nausea**

**Epinephrine 0.3-0.5 mg IM or SC q 10-15 minutes x 2-3 for anaphylaxis**

**Physician Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**