



# Venofer (iron sucrose) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

Secondary diagnosis (please provide ICD10 code): \_\_\_\_\_

Please choose one:  Oral Iron Intolerance OR  Lack of response to oral iron

NKDA Allergies: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PRE-MEDICATION

- Acetaminophen 1000mg PO  Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO  Solu-Cortef 100mg IVP
- Ceterizine 10mg PO  Diphenhydramine 25mg IVP

## REQUIRED TESTING/LABS

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached
- Recent Labs: CBC, Ferritin, Iron Studies

## VENOFER ORDERS

### DOSING:

- 100mg in 100ml 0.9% sodium chloride over 30 minutes
- 200mg in 100ml 0.9% sodium chloride over at least 30 minutes
- 300mg in 250ml 0.9% sodium chloride over 1.5 hour
- Other: \_\_\_\_\_

### FREQUENCY:

- Every 1 week for 3 doses
- Every \_\_\_\_\_ days for \_\_\_\_\_ doses

### Infuse One Standing Orders:

- Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Observe for signs and symptoms of hypersensitivity during and after Venofer administration for at least 30 minutes and until clinically stable following completion of each administration.

May cause hypotension. Monitor for signs and symptoms of hypotension during and following each administration.

Iron Overload: Regularly monitor hematologic responses during therapy. Do not administer to patients with iron overload.