



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.