

# Physician's Orders

## IRON SUCROSE (VENOFER) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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### Corewell Health Site of Service (select one):

☐ **Blodgett Hospital**

1840 Wealthy St. NE  
Grand Rapids, MI 49506  
Phone: 616.391.0351  
Fax: 616.391.8969

☐ **Gerber Hospital**

230 West Oak St.  
Fremont, MI 49412  
Phone: 231.924.1305  
Fax: 231.924.1798

☐ **Greenville Hospital**

615 S. Bower St.  
Greenville, MI 48838  
Phone: 616.225.9330  
Fax: 616.754.4043

☐ **Helen DeVos Children's Hospital**

100 Michigan St. NE  
Grand Rapids, MI 49503  
Phone: 616.267.1925  
Fax: 616.267.1005

☐ **Lemmen Holton Cancer Pavilion**

145 Michigan St. NE  
Grand Rapids, MI 49503  
Phone: 616.486.6099  
Fax: 616.486.6415

☐ **Ludington Hospital**

1 Atkinson Dr.  
Ludington, MI 49431  
Phone: 231.845.5085  
Fax: 231.845.5025

☐ **Neuro Infusion ICCB**

2750 E Beltline Ave NE  
Grand Rapids, MI 49525  
Phone: 616.391.0351  
Fax: 616.391.8669

☐ **Pennock Hospital**

1009 W. Green St.  
Hastings, MI 49058  
Phone: 269.798.6762  
Fax: 269.798.6763

☐ **Reed City Hospital**

4499 220<sup>th</sup> Ave.  
Reed City, MI 49677  
Phone: 231.832.7105  
Fax: 231.832.0915

☐ **Zeeland Hospital**

8333 Felch St.  
Zeeland, MI 49464  
Phone: 616.748.3640  
Fax: 616.748.3690

☐ **Brownstown Infusion Clinic**

19725 Allen Rd. Suite 101  
Brownstown Twp, MI 48183  
Phone: 734.479.2371  
Fax: 734.479.2451

☐ **Dearborn Hospital**

18101 Oakwood Blvd.  
Dearborn, MI 48124  
Phone: 313.593.5913  
Fax: 313.593.8551

☐ **Farmington Hills Hospital Botsford**

28050 Grand River Ave.  
Farmington Hills, MI 48336  
Phone: 947.521.8174  
Fax: 248.471.8217

☐ **Grosse Pointe Infusion Clinic**

21400 E 11 Mile Rd.  
Saint Clair Shores, MI 48081  
Phone: 586.498.4498  
Fax: 586.498.4497

☐ **Lenox Infusion Clinic**

36555 6 Mile Rd.  
Lenox, MI 48048  
Phone: 947.523.4060  
Fax: 947.523.4061

☐ **Livonia Infusion Clinic**

39000 7 Mile Rd. Suite 1000  
Livonia, MI 48152  
Phone: 947.523.4360  
Fax: 734.542.3356

☐ **Royal Oak**

3601 W 13 Mile Rd.  
Royal Oak, MI 48073  
Phone: 248.898.1000  
Fax: 248.551.3168

☐ **Troy Hospital**

44344 Dequindre Rd. Suite 230  
Sterling Heights, MI 48314  
Phone: 248.964.3080  
Fax: 248.964.2409

☐ **Wayne Hospital**

33155 Annapolis St.  
Wayne, MI 48184  
Phone: 734.467.2556  
Fax: 734.467.2505

☐ **Marie Yeager Cancer Center**

3900 Hollywood Rd.  
Saint Joseph, MI 49085  
Phone: 269.556.7180  
Fax: 269.556.7185

☐ **Niles Infusion**

42 N St. Joseph Ave Ste 303  
Niles, MI 49120  
Phone: 269.684.6140  
Fax: 269.683.8744

☐ **Watervliet Hospital**

400 Medical Park Dr.  
Watervliet, MI 49098  
Phone: 269.463.2310  
Fax: 269.463.0012

### PATIENT INFORMATION:

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### REFERRAL: Infusion Therapy

Referring Physician (print) \_\_\_\_\_

Office: Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Direct line for urgent questions about patient (\_\_\_\_) \_\_\_\_\_

**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

MRN \_\_\_\_\_

Physician \_\_\_\_\_

CSN \_\_\_\_\_

# **IRON SUCROSE (VENOFER) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)**

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## **Infusions:**

Anticipated Infusion Date: \_\_\_\_\_ ICD-10 Code with Description: \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

## **Labs to be collected:**

☒ Hemoglobin + Hematocrit (H+H)

☐ Once

☒ Every visit

☐ \_\_\_\_\_

☒ Iron and Iron Binding Capacity Level

☒ Once

☐ Every visit

☐ \_\_\_\_\_

☐ Additional lab order(s) \_\_\_\_\_

☐ Once

☐ Every visit

☐ \_\_\_\_\_

☒ Ferritin, Blood Level

☒ Once

☐ Every visit

☐ \_\_\_\_\_

☒ Transferrin, Blood Level

☒ Once

☐ Every visit

☐ \_\_\_\_\_

## **Treatment:**

### **Dose:**

☐ 100 mg

☐ 200 mg

☐ 300 mg

### **Frequency:**

☐ Every 2 days

☐ Every 7 days

☐ Every 14 days

☐ Every \_\_\_\_\_ days

### **Duration:**

☐ Once

☐ 3 treatments

☐ 5 treatments

☐ 7 treatments

☐ # of treatments \_\_\_\_\_

☒ Iron sucrose (VENOFER) IV

100 mg and 200 mg doses administered IV Push over 5 minutes. 300 mg dose administered as IVPB over 90 minutes.

☒ Sodium chloride 0.9% (NS) IV

May initiate during IV Push administration of iron sucrose for prevention or treatment of infusion discomfort.



CSN

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\*\*\*The following orders will be applied to the patient's plan unless otherwise indicated\*\*\*

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs.

## May Initiate IV Catheter Patency Adult Protocol

**IRON SUCROSE (VENOFER);**  
 Infusion duration varies by dose. Nurse to verify appropriate infusion duration.  
 Infuse undiluted doses = 100 to 200 mg over 5 minutes; infuse diluted 300 mg dose over 1.5 hours.

Until discontinued Starting when released Until Specified

Routine, PRN Starting when released Until Specified  
Take vital signs at initiation and completion of infusion

**Confidentiality of this medical record** shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:	
TIME	DATE	TIME	DATE	TIME	DATE
				Page #	
Sign		R.N. Sign		Physician Print	
				Physician Sign	

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