Corewell Health™

Patient Name
DOB
MRN
Physician
CSN

Physician's Orders
IRON SUCROSE (VENOFER) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER
Page 1 to 3

Defaults for orders not otherwise specified below:
- ☐ 100 mg every 14 days x 7 treatments
- ☐ 200 mg every 21 days x 5 treatments
- ☐ 200 mg every 2 days x 5 treatments (Total cumulative dose 1000 mg)
- ☐ 300 mg every 2 days x 3 treatments (Total cumulative dose 900 mg)
- ☐ _____ mg every_____days

Duration:
- ☐ _____# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Site of Service

☐ CH Blodgett (GR)	☐ CH Helen DeVos (GR)	☐ CH Ludington	☐ CH Reed City
☐ CH Gerber	☐ CH Lemmen Holton (GR)	☐ CH Pennock	☐ CH Zeeland
☐ CH Greenville			

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Appointment Requests

☑ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+365, Sched.

If interval is every 2 days x 5 treatments: Schedule patient on Monday, Wednesday and Friday during the week - may skip treatment on the weekends.

All other intervals: Schedule patient appointment at most 3 days before or at most 3 days after.

Labs

	Interval	Duration
☑ Hemoglobin + Hematocrit (H+H)	☐ Every 7 days ☐ Every 14 days ☐ Every 21 days ☐ Once	☐ For 2 treatments ☐ For 5 treatments ☐ For 7 treatments ☐ _____# of Treatments

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

☑ Ferritin, Blood Level	Once	1 treatment
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		
☑ Transferrin, Blood Level	Once	1 treatment
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous		
☑ Iron and Iron Binding Capacity Level	Once	1 treatment
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous		

☐ Labs: _____ ☐ Every___days ☐ Once ☐ Until date:_____ _____# of Treatments

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

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

Nursing Orders

ONC NURSING COMMUNICATION 98

☑ Routine, Until discontinued Starting when released Until Specified

MONITOR PATIENT FOR INFUSION REACTIONS: Acute changes in blood pressure, skin rash. Hives, pain in chest, swelling in face, lips and/or tongue, dizziness and/or lightheadedness, pain, swelling and/or redness at IV site, abdominal and/or leg cramps, nausea, vomiting, diarrhea.

Hypersensitivity reactions: Cases of hypersensitivity reactions, including anaphylactic and anaphylactoid reactions (some fatal), have been reported. Monitor patients during and for greater than or equal to 30 minutes postadministration; discontinue immediately for signs/symptoms of a hypersensitivity reaction (shock, hypotension, loss of consciousness) or if signs of intolerance occur.

Hypotension: Significant hypotension has been reported frequently in hemodialysis-dependent patients. Has also been reported in peritoneal dialysis and nondialysis patients. Hypotension may be related to total dose or rate of administration (avoid rapid IV injection), follow recommended guidelines.

ONC NURSING COMMUNICATION 100

☑ Until discontinued Starting when released Until Specified

May Initiate IV Catheter Patency Adult Protocol

ONC NURSING COMMUNICATION 10

☑ Routine, Until discontinued Starting when released Until Specified

IRON SUCROSE (VENOFER);

Infuse diluted doses =100 to 200 mg over at least 15 minutes; infuse diluted 300 mg dose over 1.5 hours.

☑ HYPERSENSITIVITY REACTION ADULT ONCOLOGY PROTOCOL

Until discont'd

Routine, Until discontinued Starting when released for 24 hours
HYPERSENSITIVITY REACTIONS:
Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

Vitals

Vital Signs

☑ Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms. Monitor for signs/symptoms of hypersensitivity reactions during and for 30 minutes following infusion; hypotension during and following infusion.

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

Medications

☐ iron sucrose (VENOFER) 100 mg in sodium chloride 0.9 % 105 mL IVPB
100 mg, Intravenous, Administer over 30 Minutes (210 mL/hr), Once, Starting S, For 1 Dose
- Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.
- Infuse diluted doses =100 to 200 mg over at least 15 minutes; infuse diluted 300 mg dose over 1.5 hours;

☐ iron sucrose (VENOFER) 200 mg in sodium chloride 0.9 % 110 mL IVPB
200 mg, Intravenous, Administer over 30 Minutes (220 mL/hr), Once, Starting S, For 1 Dose
- Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.
- Infuse diluted doses =100 to 200 mg over at least 15 minutes; infuse diluted 300 mg dose over 1.5 hours

☐ iron sucrose (VENOFER) 300 mg in sodium chloride 0.9 % 115 mL IVPB
300 mg, Intravenous, Administer over 90 Minutes (80 mL/hr), Once, Starting S, For 1 Dose
- Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.
- Infuse diluted doses =100 to 200 mg over at least 15 minutes; infuse diluted 300 mg dose over 1.5 hours

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

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**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician Sign**

EPIC VERSION DATE: 12/15/23

