Corewell Health™

Reset Form

PREFERRED CLINIC: --Select--

Physician's Orders – Iron Sucrose, Adult

PATIENT INFORMATION

Name: Date of Birth: Phone:

Address: Height: (cm) Weight: (kg)

Anticipated Infusion Date: Allergies:

CLINICAL INFORMATION

Common ICD-10 codes: ☐ D50.0 Iron deficiency anemia secondary to blood loss (chronic) ☐ D50.9 Iron deficiency anemia, unspecified

Other (Code & description required) ICD-10 Code: ICD-10 Description:

LABS

	Frequency/Duration		Frequency/Duration
☐ Hemoglobin + Hematocrit	_____	☐ Transferrin, Blood level	_____
☐ Ferritin, Blood level	_____	☐ Iron & Iron Binding Capacity level	_____

MEDICATION – IRON SUCROSE IV

Dose

☐ 100 mg ☐ 200 mg ☐ 300 mg

Frequency

☐ Every 2 days ☐ Every 14 days
☐ Every 7 days ☐ Every _____ days

Duration

☐ Once ☐ 7 treatments
☐ 3 treatments ☐ # of treatments _____
☐ 5 treatments

Administer 100 mg and 200 mg undiluted as IV Push over 5 minutes. Administer 300 mg as IVPB over 90 minutes

SUPPLEMENTAL ORDERS

☒ Check that labs indicated for THIS Treatment cycle have been drawn within the last 96 hours or draw them in clinic prior to beginning treatment
☒ May Initiate IV Catheter Patency Adult Protocol
☒ Take vital signs at initiation and completion of infusion
☒ Sodium chloride 0.9% 100 mL/hr, IV, PRN - May initiate during IV Push administration of iron sucrose for prevention or treatment of infusion discomfort.

HYPERSENSITIVITY REACTIONS

Mild symptoms: flushing, itching, splotchy skin or rash, headache, nasal stuffiness, nausea, anxiety, complaints of tingling, rigors, chills, or scratchy throat
Severe symptoms: respiratory distress, stridor, wheezing, decreasing oxygen saturation, hypotension, significant changes in or a complete loss of consciousness, diaphoresis, chest pain and/or tightness, full body hives, difficulty swallowing, or thick tongue.

☒ **Sodium chloride 0.9% 500 mL** Intravenous, Administer over: 30 Minutes, Once PRN for reduction in systolic or diastolic blood pressure of 20 mmHg or greater
☒ **Famotidine (Pepcid) 20 mg** Intravenous, Administer over: 2 Minutes, Once PRN mild symptoms. Administer IV if patient has IV access.
☒ **Famotidine (Pepcid) 20 mg** Oral, Once PRN mild symptoms. Administer by mouth if no IV access.
☒ **EPINEPHrine** 0.3 mg Intramuscular, Once PRN anaphylaxis, severe reaction. Administer into anterolateral thigh.
☒ **MethylPREDNISolone sodium succinate (SOLU-Medrol)** 125 mg Intravenous, Once PRN severe reaction. Administer over 3-5 minutes.
☒ **Acetaminophen (Tylenol)** 650 mg Oral, Once PRN fever.
☒ **Albuterol (PROVENTIL) 0.5% (5 mg/mL) nebulizer solution** 5 mg Nebulization, Once PRN shortness of breath.
☒ **Albuterol HFA (PROVENTIL HFA, VENTOLIN HFA, PROAIR HFA) inhaler** 4 puffs inhalation, Once PRN shortness of breath. Use if nebulizer not available.

RECOMMENDED DOCUMENTATION: ☐ Insurance Card / Information ☐ Progress Notes & Labs Supporting Diagnosis

PROVIDER INFORMATION

Referring Physician Phone Fax

Address City State Zip Code

Direct line for urgent questions about patient Weekend on call phone (if applicable)

_____ **Provider Signature**

_____ **Date**