

# Physician's Orders

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

Page 1 to 3

Patient Name  
DOB  
MRN  
Physician  
CSN

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

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland         |

### Provider Specialty

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> 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  |
|---|--|---|
| <input checked="" type="checkbox"/> Hemoglobin + Hematocrit (H+H) | <input type="checkbox"/> Every 7 days<br><input type="checkbox"/> Every 14 days<br><input type="checkbox"/> Every 21 days<br><input type="checkbox"/> Once | <input type="checkbox"/> For 2 treatments<br><input type="checkbox"/> For 5 treatments<br><input type="checkbox"/> For 7 treatments<br><input type="checkbox"/> _____ # of Treatments |

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

- |   |      |             |
|---|------|-------------|
| <input checked="" type="checkbox"/> Ferritin, Blood Level                                 | Once | 1 treatment |
| Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous |      |             |

- |   |      |             |
|---|------|-------------|
| <input checked="" type="checkbox"/> Transferrin, Blood Level                              | Once | 1 treatment |
| Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous |      |             |

- |   |      |             |
|---|------|-------------|
| <input checked="" type="checkbox"/> 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 ☐ Until date: \_\_\_\_\_  
☐ Once \_\_\_\_\_ # of Treatments

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

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

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Patient Name

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## 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);

Infusion duration varies by dose. Nurse to verify appropriate infusion duration.

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

## 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.

## 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

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

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## Emergency Medications



### ONC NURSING COMMUNICATION 45

Routine, Until discontinued Starting when released Until Specified

If patient has any symptoms of a hypersensitivity reaction, immediately stop medication infusion and obtain vital signs. Maintain IV patency with 0.9% Sodium Chloride at 10 mL/hour. Notify provider.

In the event of a severe hypersensitivity reaction, place patient in recumbent position to maintain blood flow to vital organs. Activate the emergency response.

Mild hypersensitivity reaction may include one or more of the following: flushing, itching, splotchy skin or rash, headache, nasal stuffiness, nausea, anxiety, complaints of tingling, rigors, or chills

Severe hypersensitivity reaction may include one or more of the following: 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, thick tongue, or scratchy throat.

Nursing to apply oxygen per clinical protocol, where applicable, to maintain SpO2 above 90%.

For mild hypersensitivity reactions, if symptoms have completely resolved, call provider for ok to resume and new rate.



### Oxygen Therapy

Routine, PRN Starting when released Until Specified

Oxygen Therapy per Protocol: Yes

Protocol Instructions: Apply oxygen per Clinical Policy: Oxygen Therapy to maintain Spo2 at 90%



### acetaminophen (Tylenol) tablet 650 mg

650 mg, Oral, Once PRN, Fever, Other, headache, Starting when released, Until Discontinued



### diphenhydramine (BENADRYL) injection 25 mg

25 mg, Intravenous, Once PRN, Other, Rash, flushing, hives, Starting when released, Until Discontinued

Maximum single dose is 50 mg.



### EPINEPHrine IM injection (Anaphylaxis Kit) 0.3 mg

0.3 mg, Intramuscular, Once PRN, Other, For hypotension, respiratory compromise., Starting when released, for 1 dose



### famotidine (PEPCID) injection 20 mg

20 mg, Intravenous, for 2 Minutes, Once PRN, Other, For pruritis, urticaria, flushing, Starting when released, Until Discontinued



### methyIPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

125 mg, Intravenous, for 5 Minutes, Once PRN, Other, Severe hypersensitivity reaction, Starting when released, Until Discontinued

To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.



### sodium chloride 0.9% bolus injection 500 mL

500 mL, Intravenous, for 30 Minutes, Once PRN, Low Blood Pressure, Severe Hypersensitivity Reaction. For acute drop of 20 mmHg or more in systolic or diastolic blood pressure., Starting when released, Until Discontinued

Administer as fast as possible.

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:		Pager #	Physician Print	Physician Sign
TIME	DATE	TIME	DATE	TIME	DATE			
	Sign		R.N. Sign					

EPIC VERSION DATE: 05/2/23

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