Spectrum Health

Physician's Orders
IRON SUCROSE (VENOFER) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 2

Patient Name
DOB
MRN
Physician
FIN

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)
- ☐ 500 mg every 14 days x 2 treatments
- ☐ Interval: Every 7 days

Duration:
- ☐ _____# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

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

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, 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

Nursing Orders

☑ ONC NURSING COMMUNICATION 100

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.

CONTINUED ON PAGE 2 ➔

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

Patient Name

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FIN

Nursing Orders (continued)

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 20

If patient develops adverse reaction STOP INFUSION IMMEDIATELY and Notify Physician

☑ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

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 Doses

Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.

☐ 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 Doses

Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.

☐ iron sucrose (VENOFER) 500 mg in sodium chloride 0.9 % 125 mL IVPB **every 14 days for 2 treatments ONLY**

500 mg, Intravenous, Administer over 240 Minutes (31 mL/hr), Once, Starting S, For 1 Doses

Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.

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

EPIC VERSION DATE: 07/16/21

