Physician’s Orders
IRON SUCROSE (VENOFER) - ADULT, OUTPATIENT, 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
☐ SH Gerber  ☐ SH Helen DeVos (GR)  ☐ SH Pennock  ☐ SH United Memorial
☐ SH Lemmen Holton (GR)  ☐ SH Ludington  ☐ SH Reed City  ☐ SH Zeeland

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

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

<table>
<thead>
<tr>
<th>Lab</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin + Hematocrit (H+H)</td>
<td>Every 7 days</td>
<td>For 2 treatments</td>
</tr>
<tr>
<td></td>
<td>Every 14 days</td>
<td>For 5 treatments</td>
</tr>
<tr>
<td></td>
<td>Every 21 days</td>
<td>For 7 treatments</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>______ # of Treatments</td>
</tr>
</tbody>
</table>


☐ Ferritin, Blood Level  Once  1 treatment

☐ Transferrin, Blood Level  Once  1 treatment

☐ Iron and Iron Binding Capacity Level  Once  1 treatment

☐ 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.
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
Emergency Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen (Tylenol) tablet</td>
<td>650 mg</td>
<td>Oral, Once PRN, Fever, Other, headache</td>
<td>Starting when released</td>
<td>Until Discontinued</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine (Benadryl) injection</td>
<td>25 mg</td>
<td>Intravenous, Once PRN, Other, Rash, flushing, hives</td>
<td>Starting when released</td>
<td>Until Discontinued</td>
<td></td>
</tr>
<tr>
<td>famotidine (Pepto-Bismol) injection</td>
<td>20 mg</td>
<td>Intravenous, for 2 Minutes</td>
<td>Once PRN, Other, For pruitis, urticaria, flushing</td>
<td>Starting when released</td>
<td>Until Discontinued</td>
</tr>
<tr>
<td>methylprednisolone sodium succinate (Solu-Medrol) injection</td>
<td>125 mg</td>
<td>Intravenous, for 5 Minutes</td>
<td>Once PRN, Other, Severe hypersensitivity reaction</td>
<td>Starting when released</td>
<td>Until Discontinued</td>
</tr>
<tr>
<td>sodium chloride 0.9% bolus injection</td>
<td>500 mL</td>
<td>Intravenous, for 30 Minutes</td>
<td>Once PRN, Low Blood Pressure, Severe Hypersensitivity Reaction</td>
<td>For acute drop of 20 mmHg or more in systolic or diastolic blood pressure</td>
<td>Starting when released, Until Discontinued</td>
</tr>
</tbody>
</table>

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.

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