 <b>LEGACY</b> HEALTH	<b>Legacy Day Treatment Unit  Provider's Orders</b>  Adult Ambulatory Infusion Order <b>IRON SUCROSE (VENOFER)</b>	<b>Patient Name:</b> _____ <b>Date of Birth:</b> _____ <b>Med. Rec. No (TVC MRN Only):</b> _____
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

**Anticipated Start Date:** \_\_\_\_\_ **Patient to follow up with provider on date:** \_\_\_\_\_

**\*\*\*This plan will expire after 365 days, unless otherwise specified below\*\*\***

**Orders expire:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg    **Height:** \_\_\_\_\_ cm

**Allergies:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_ (please include primary and secondary diagnosis codes)

**GUIDELINES FOR PRESCRIBING:**

1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.**
2. Labs: For iron deficient anemia, a CBC, TSAT and ferritin should be obtained within 30 days of the start of treatment. This is a requirement for some insurance companies. Date labs drawn: \_\_\_\_\_
3. Please place lab orders, or submit results with infusion order

**LABS TO BE DRAWN (orders must be placed in TVC EPIC by ordering provider if TVC provider):**


- Ferritin, serum, Routine, every \_\_\_\_\_(visit)(days)(weeks)(months) **Circle one**
- CBC with differential, Routine, every \_\_\_\_\_(visit)(days)(weeks)(months) **Circle one**
- Iron, TSAT, and TIBC, serum, Routine, every \_\_\_\_\_(visit)(days)(weeks)(months) **Circle one**
- Other: \_\_\_\_\_

**PRE-MEDICATIONS:** Not typically necessary with iron sucrose (Venofer) infusions. If you would prefer pre-mediations, please specify the medication below:

- Other: \_\_\_\_\_, 30 minutes prior to infusion, every visit
- No routine pre-mediations

**MEDICATIONS: (must check one)**

- iron Sucrose (Venofer) 100 mg IV in 100 mL NS over 15 min or IV push over at least 5 min (site discretion)
- iron Sucrose (Venofer) 200 mg IV in 100 mL NS over 15 min or IV push over at least 5 min (site discretion)
- iron Sucrose (Venofer) 300 mg IV in 250 mL NS over 90 minutes
- iron Sucrose (Venofer) 400 mg IV in 250 mL NS over 2.5 hours
- iron Sucrose (Venofer) 500 mg IV in 250 mL NS over 4 hours

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**Interval: (must check one)**

- Once
- Every 2-3 days x \_\_\_\_\_ doses
- Daily x \_\_\_\_\_ doses
- Weekly x \_\_\_\_\_ doses
- Monthly x \_\_\_\_\_ doses
- Other: \_\_\_\_\_

**AS NEEDED MEDICATIONS:**

- acetaminophen 650 mg oral, EVERY 4 HOURS AS NEEDED for fever, headache or pain
- diphenhydramine 25 mg oral, EVERY 4 HOURS AS NEEDED for itching
- sodium chloride 0.9% 500 mL IV, AS NEEDED x 1 dose for iron infusion tolerability. Give concurrently with iron sucrose

**NURSING ORDERS (TREATMENT PARAMETERS):**

1. Treatment parameters, every visit: Hold iron sucrose and notify provider if ferritin greater than 300
2. Remind patient to contact provider to set up lab draw, approximately 4 weeks after completion of treatment
3. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters
4. Nursing communication order, every visit: Monitor patient for potential adverse effects (ADEs) during and after infusion: ADEs may include hypersensitivity reactions and hypotension.
5. Nursing communication orders, every visit: Manage hypersensitivity reactions per LH 906.6606.
6. Nursing communication orders, every visit: Monitor for signs and symptoms of hypersensitivity during infusion and 30 minutes following completion

**HYPERSENSITIVITY MEDICATIONS:** Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients

1. hydrocortisone 100 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
2. diphenhydramine 25-50 mg IV, AS NEEDED x1 for hypersensitivity reaction
3. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
4. epinephrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
5. naloxone (Narcan) 0.4 mg IV, AS NEEDED x1 dose for diminished respiratory rate
6. sodium chloride 0.9% 1000 mL IV, AS NEEDED x 1 dose for alteration in hemodynamic status
7. meperidine 12.5-25 mg IV, AS NEEDED x 2 for rigors
8. Nursing communication order, every visit: Please follow treatment algorithm for acute infusion reaction.



**Legacy Day Treatment Unit  
Provider's Orders**

Adult Ambulatory Infusion Order  
IRON SUCROSE (VENOFER)

**Patient Name:**  
**Date of Birth:**  
**Med. Rec. No** (TVC MRN Only):

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Please check the appropriate box for the patient's preferred clinic location:

**Legacy Day Treatment Unit**  
700 NE 87<sup>th</sup> Avenue, Suite 360  
Vancouver, WA 98664  
Phone number: 360-896-7070  
Fax number: 360-487-5773

**Legacy Silverton STEPS Clinic**  
Legacy Silverton Medical Center  
342 Fairview Street  
Silverton, OR 97381  
Phone number: 503-873-1670  
Fax number: 503-874-2483

**Legacy Salmon Creek  
Day Treatment Unit**  
2121 NE 139<sup>th</sup> Street, Suite 110  
Vancouver, WA 98686  
Phone number: 360-487-1750  
Fax number: 360-487-5773

**Legacy Emanuel Day Treatment Unit**  
501 N Graham Street, Suite 540  
Portland, OR 97227  
Phone number: 503-413-4608  
Fax number: 503-413-4887

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Organization/Department:** \_\_\_\_\_