

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

**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. Please avoid 400 and 500 mg doses unless special circumstances exist, requiring high-dose infusions. The risk of infusion reactions has been seen to increase with doses **GREATER** than 300 mg.
3. Consider ordering a ferritin level before initiating therapy as some insurances may require this for prior authorization. Labs drawn date: \_\_\_\_\_.

**NURSING ORDERS (TREATMENT PARAMETERS):**

1. TREATMENT PARAMETER – For iron deficiency anemia: hold treatment and notify provider if Ferritin greater than 300 ng/mL.
2. Instruct patient to obtain ferritin lab 30 days after infusion treatment and set up follow up appointment with provider.

**MEDICATIONS:**

**Iron Sucrose (Venofer):**

- 100 mg in sodium chloride 0.9% 100 mL, intravenous, over 15 min or IV push over at least 5 min (site discretion)
- 200 mg in sodium chloride 0.9% 100 mL, intravenous, over 15 min or IV push over at least 5 min (site discretion)
- 300 mg in sodium chloride 0.9% 250 mL, intravenous, over 1.5 hours
- \_\_\_\_\_ mg in sodium chloride 0.9%, intravenous, over \_\_\_\_\_ (Pharmacy to prepare in an appropriate volume and may adjust the duration based on the dose ordered)

No test dose needed. May run sodium chloride 0.9% 500 mL to decrease vein discomfort.

**Interval: (must check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Once                          | <input type="checkbox"/> Every _____ weeks x _____ doses |
| <input type="checkbox"/> Daily x _____ doses           | <input type="checkbox"/> Monthly x _____ doses           |
| <input type="checkbox"/> Every other day x _____ doses | <input type="checkbox"/> Other: _____                    |



**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

**AS NEEDED MEDICATIONS:**

- 1. sodium chloride 0.9%, 500 mL, intravenous, AS NEEDED x 1 dose for vein discomfort. Give concurrently with iron sucrose.

**HYPERSENSITIVITY MEDICATIONS:** If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Protocol 906.6606, Initiation of Emergency Measures for Adult Oncology and Infusion Clinic Patients). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.

- 1. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
- 2. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
- 3. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
- 4. albuterol (PROVENTIL HFA) inhaler, 4 puff, inhalation, EVERY 4 HOURS PRN for wheezing
- 5. 0.9% NaCl, 500 mL, intravenous, CONTINUOUS PRN for hypersensitivity/infusion reaction

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

**Legacy Day Treatment Unit – The Vancouver Clinic Building**  
*A department of Salmon Creek Medical Center*  
 700 NE 87<sup>th</sup> Avenue, Suite 360  
 Vancouver, WA 98664  
 Phone number: 360-896-7070  
 Fax number: 360-487-5773

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

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

**Legacy STEPS Clinic**  
*A department of Silverton Medical Center*  
 Legacy Woodburn Health Center  
 1475 Mt Hood Ave  
 Woodburn, OR 97071  
 Phone number: 503-982-1280  
 Fax number: 503-225-8723

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

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

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