•	Legacy Day Treatment Unit Provider's Orders	Patient Name: Date of Birth:		
LEGACY HEALTH	Adult Ambulatory Infusion Order IRON SUCROSE (VENOFER)	Med. Rec. No (TVC MRN Only):		
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:				
_	kg Height:			
Allergies:				
Diagnosis:				
Diagnosis Code: (please include primary and secondary diagnosis codes)				
GUIDELINES FOR PRESCRIBING:				
 Send FACE SHEET, INSURANCE CARD and most recent provider chart or progress note. 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: 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):				
	3C with differential, Routine, every	(visit)(days)(weeks)(months) Circle one (visit)(days)(weeks)(months) Circle one e, every(visit)(days)(weeks)(months) Circle one		
	DICATIONS: Not typically necessary ns, please specify the medication b	y with iron sucrose (Venofer) infusions. If you would prefer pre- elow:		

Other: _____, 30 minutes prior to infusion, every visit

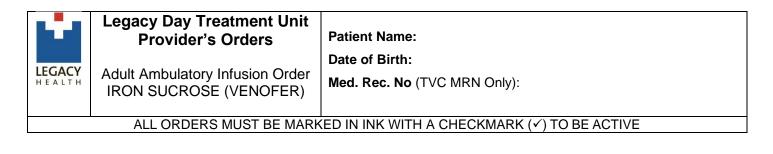
□ No routine pre-medications

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



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.



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 87th Avenue, Suite 360 Vancouver, WA 98664 Phone number: 360-896-7070 Fax number: 360-487-5773 	Legacy Silverton STEPS Clini Legacy Silverton Medical Cente 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 th Street, Suite 110 Vancouver, WA 98686 Phone number: 360-487-1750 Fax number: 360-487-5773	Legacy Emanuel Day Treatme 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:		