



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER
Iron Sucrose (VENOFER) Infusion

Page 1 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. For initial therapy: Ferritin must be obtained within 90 days prior to start of treatment.
3. For maintenance therapy: Ferritin labs must be obtained within 60 days prior to administering each subsequent dose

MEDICATIONS:

iron sucrose (VENOFER): (must check one)

- 100 mg in sodium chloride 0.9% 50 mL, intravenous, ONCE, over 30 minutes
- 200 mg in sodium chloride 0.9% 100 mL, intravenous, ONCE, over 30 minutes
- 300 mg in sodium chloride 0.9% 250 mL, intravenous, ONCE, over 1.5 hours
- 400 mg in sodium chloride 0.9% 250 mL, intravenous, ONCE, over 2.5 hours
- 500 mg in sodium chloride 0.9% 250 mL, intravenous, ONCE, over 4 hours
- _____ mg in sodium chloride 0.9%, intravenous, ONCE, over _____ (Pharmacy to prepare in an appropriate volume)

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

Interval: (must check one)

- Once
- Daily x _____ doses
- Every other day x _____ doses
- Every _____ weeks x _____ doses
- Monthly x _____ doses
- Other: _____



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NURSING ORDERS:

1. TREATMENT PARAMETER – Ferritin must be obtained within 90 days prior to start of treatment. Hold Iron Sucrose and notify provider if Ferritin greater than 300.
2. TREATMENT PARAMETER – Labs: For initial therapy: Ferritin must be obtained within 90 days of the start of treatment. For maintenance therapy: Ferritin labs must be obtained within 60 days prior to administering each subsequent dose
3. Instruct patient to obtain ferritin lab 30 days after infusion treatment and set up follow up appointment with provider.
4. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – 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 (Policy HC-PAT-133-GUD). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity reaction
5. famotidine (PEPCID) IV, 20 mg, intravenous, AS NEEDED x1 dose, for hypersensitivity reaction

AS NEEDED MEDICATIONS:

1. sodium chloride 0.9%, 500 mL, intravenous, AS NEEDED x1 dose for vein discomfort. Give concurrently with iron sucrose

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ Date/Time: _____

Printed Name: _____ Phone: _____ Fax: _____



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OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

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

Beaverton

OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006

Phone number: 971-262-9000

Fax number: 503-346-8058

NW Portland

Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.

Portland, OR 97210

Phone number: 971-262-9600

Fax number: 503-346-8058

Gresham

Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030

Phone number: 971-262-9500

Fax number: 503-346-8058

Tualatin

Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062

Phone number: 971-262-9700

Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders