



**ADULT AMBULATORY INFUSION ORDER**  
**6/2023**  
**IRON SUCROSE (VENOFER) Infusion**

**NAME:**  
**BIRTHDATE:**  
**INSURANCE:**  
**PROVIDER NAME:**  
**CLINIC NAME and Phone number:**

Patient identification

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Allergies: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

**\*\*If treatment not started within 90 days, new orders with updated date/signature will be required.\*\***

**GUIDELINES FOR ORDERING:**

- 1) Patient name and date of birth must be on EACH page of this order form. This form will be returned if any left blank.
- 2) Send FACE SHEET and complete copy of INSURANCE information. Send H&P or most recent chart note, must be within the past 12 months.
- 3) Send a copy of related lab results if not available for review in Epic.
- 4) After iron infusion is completed, the patient will be monitored for 30 minutes to assess for any post-infusion reaction.
- 5) For pregnant patients, we require documentation that PARQ has been held between provider and patient (must be with a provider and not an RN or MA). See last section of order form.

**Iron sucrose (VENOFER):** *(must check only one & fill in any blanks)*

**Maximum allowable total dose is 1000mg. Patient may receive additional iron after initial treatment completed by resending chart notes along with new orders and new lab results.**

- 200 mg. Intravenous. Administer as slow IV push over 5 minutes.  
*This is the standard administration for 200mg doses. See below for alternative 200mg option.*  
Every 3 days x \_\_\_\_\_ doses total **OR** every \_\_\_\_\_ weeks x \_\_\_\_\_ doses total. .
- 200 mg in sodium chloride 0.9% 100 mL, intravenous, over 30 minutes. *Patients with history of iron infusion reactions and OB patients will receive this form of 200mg doses even if iv push option is selected.*  
Every 3 days x \_\_\_\_\_ doses total **OR** every \_\_\_\_\_ weeks x \_\_\_\_\_ doses total.
- (Preferred for patients needing a total of 1000 mg):*** 300 mg in sodium chloride 0.9% 250 mL, intravenous, over 1.5 hours weekly x2 doses. Then, one week later give one time dose 400 mg in sodium chloride 0.9% 250 mL, intravenous, over 2.5 hours.
- 300 mg in sodium chloride 0.9% 250 mL, intravenous, over 1.5 hours.  
Every 3 days x \_\_\_\_\_ doses total **OR** every \_\_\_\_\_ weeks x \_\_\_\_\_ doses total.
- 400 mg in sodium chloride 0.9% 250 mL, intravenous, over 2.5 hours.  
Every \_\_\_\_\_ weeks x \_\_\_\_\_ doses total.

**AS NEEDED MEDICATIONS:**

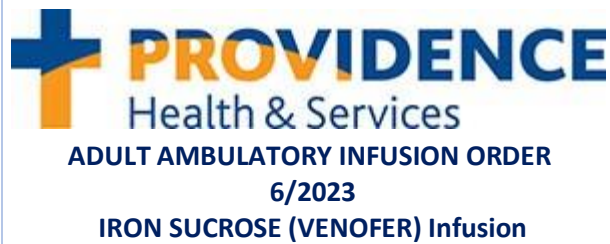
- Sodium chloride 0.9% (NS) bolus 250 ml, Flush before and after IV medication(s) and as needed with NS.
- Other: \_\_\_\_\_.

**Standard included Nursing Orders:**

- Vital signs: Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and at the end of infusion.
- If hypersensitivity or infusion reactions develop, temporarily hold the infusion, and notify provider immediately. Include hypersensitivity reaction order set. (See attached form).

**INFUSION REACTION ORDERS**

**STOP infusion if:**



**NAME:**  
**BIRTHDATE:**  
**INSURANCE:**  
**PROVIDER NAME:**  
**CLINIC NAME and Phone number:**

Patient identification

**MILD REACTION:** Localized pruritus, rhinitis, localized rash, fever greater than 38 degrees C.

1. Stop infusion and maintain IV access with NS line.
2. Notify MD of symptoms and infusion reaction orders initiated.

**MODERATE REACTION:** Generalized pruritus, generalized flushing, rash, back pain, mild dyspnea, chills, hypotension with SBP less than 90 mmHg or greater than 20% decrease in SBP.

1. Stop infusion, but do not discard infusion bag/bottle unless instructed by MD that therapy is to be discontinued.
2. Maintain IV access with NS line.
3. Place patients in a supine position with lower extremities elevated unless respiratory distress or nausea/vomiting.
4. Maintain airway.

**SEVERE REACTION:** Respiratory distress (bronchospasm, stridor, wheezing, persistent cough, respiratory depression, cardiac arrhythmia, chest pain, generalized urticaria (hives), syncope, gastrointestinal symptoms (abdominal pain, N/V, diarrhea), hypotension SBP less than 80 mmHg, face/throat/tongue swelling, shock, loss of consciousness.

1. Stop infusion, but do not discard bag/bottle unless instructed by MD that therapy is to be discontinued.
2. Stay with patient and have another nurse notify MD of symptoms and infusion reaction orders initiated.
3. Place patients in supine position with lower extremities elevated unless respiratory distress or nausea/vomiting.
4. Maintain airway.
5. Maintain IV access with NS line.
6. Inpatients: Activate code blue for loss of blood pressure, pulse, or consciousness.

**MEDICATIONS:**

- Acetaminophen (TYLENOL) tablet 650 mg, Oral, EVERY 4 HOURS PRN, Pain, Other, Mild reaction. Starting when released.
- Diphenhydramine (Benadryl) injection, 25 mg, Intravenous, EVERY 15 MIN PRN, Moderate or severe reaction, may repeat x1. Starting when released, For 2 doses.
- Methylprednisolone sodium succinate (solu-MEDROL) 62.5mg/ml injection, 125 mg, Intravenous, ONCE PRN, Severe reaction. Starting when released, For 1 dose. Mix with 2 mL provided diluent to make 62.5 mg/mL.
- Famotidine (PEPCID) injection 20 mg, Intravenous, ONCE PRN, Moderate reaction, or anaphylaxis, starting when released. Dilute 2 mL of famotidine with 8 mL of normal saline to a final concentration of 2 mg/mL. Administer ordered dose over a period of at least 2 minutes.
- Albuterol 90 mcg/puff inhaler 2 puff, Inhalation, ONCE PRN, Severe reaction p. Starting when released, For 1 dose. Shake well. Use with spacer.
- Start oxygen. For *MODERATE* Reaction: Start 2 liters O2 per nasal cannula as needed for SpO2 less than 93%. For *SEVERE* Reaction: Start continuous pulse oximetry. Administer 6 to 8 liters per minute (LPM) via face mask, or up to 100% oxygen to maintain oxygen saturation greater than 90%.
- EPINEPHrine 1 mg/mL injection 0.3 mg. Intramuscular, EVERY 5 MIN PRN, Anaphylaxis. Starting when released, For 3 doses. Administer in the anterior lateral thigh using 1 - 1.5-inch needle for airway obstruction symptoms and/or hypotension.



**ADULT AMBULATORY INFUSION ORDER**  
**6/2023**  
**IRON SUCROSE (VENOFER) Infusion**

**NAME:**  
**BIRTHDATE:**  
**INSURANCE:**  
**PROVIDER NAME:**  
**CLINIC NAME and Phone number:**

Patient identification

- Sodium chloride 0.9% (NS) infusion 500ml. At 500 mL/hr., Intravenous, PRN, Moderate reaction, or anaphylaxis. Starting when released. Run wide open to gravity.

**PREGNANT PATIENT PAR-Q REQUIREMENT:**

- By checking this box I acknowledge that I have reviewed the risks and benefits of iron infusion in pregnancy with the patient. PAR-Q and informed consent are complete.**

**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.

**My physician license Number is #** \_\_\_\_\_ **and I am acting within my scope of practice and authorized by law to order infusion of the medications and blood products described above for the patient identified on this form.**

**Provider's printed name:** \_\_\_\_\_

**Provider's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please complete the following intake questions.**

**Mobility status**

- Independent
- Walker
- Wheelchair
- Fully dependent

**Bariatric needs**

- Yes, briefly describe \_\_\_\_\_
- No

**Transportation concerns**

- Yes, briefly describe \_\_\_\_\_
- No

**Interpreter Service required**

- Yes, language \_\_\_\_\_
- No

**Outpatient Infusion Services Intake Team:**

**Please check the appropriate box for the patient's preferred infusion center location:**

- PORTLAND** Phone-503-215-6046 Fax-503-487-3582
- WILLAMETTE FALLS** Phone-503-215-6046 Fax-503-487-3582
- MEDFORD** Phone-541-732-7000 Fax-541-732-3939
- HOOD RIVER** Phone-541-387-6445 Call for fax #
- SEASIDE** Phone-503-717-7650 Fax-503-470-3146
- NEWBERG** Phone-503-537-6040 Fax-503-205-8720