 LEGACY HEALTH	Legacy Day Treatment Unit Provider's Orders	Patient Name: _____ Date of Birth: _____ Med. Rec. No (TVC MRN Only): _____
	Adult Ambulatory Infusion Order IRON SUCROSE (VENOFER)	
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. 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)


No test dose needed. May run sodium chloride 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: _____

AS NEEDED MEDICATIONS:

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

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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:

- | | |
|---|--|
| <input type="checkbox"/> Legacy Day Treatment Unit –
The Vancouver Clinic Building
<i>A department of Salmon Creek Medical Center</i>
700 NE 87 th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy Emanuel Day Treatment Unit
<i>A department of Emanuel Medical Center</i>
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887 |
| <input type="checkbox"/> Legacy Salmon Creek Day Treatment Unit
Legacy Salmon Creek Medical Center
2121 NE 139 th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy Silverton STEPS Clinic
Legacy Silverton Medical Center
342 Fairview Street
Silverton, OR 97381
Phone number: 503-873-1670
Fax number: 503-874-2483 |
| <input type="checkbox"/> Legacy Woodburn STEPS Clinic
<i>A department of Silverton Medical Center</i>
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: _____