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

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 ☐ Every _____ weeks x _____ doses
☐ Daily x _____ doses ☐ Monthly x _____ doses
☐ Every other day 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:

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

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

- **Legacy Woodburn 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

- **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 Silverton STEPS Clinic**
  Legacy Silverton Medical Center
  342 Fairview Street
  Silverton, OR 97381
  Phone number: 503-873-1670
  Fax number: 503-874-2483

**Provider signature:** ____________________________  **Date/Time:** ____________________________

**Printed Name:** ____________________________  **Phone:** ______________  **Fax:** ______________

**Organization/Department:** ____________________________