


|  |   |   |
|--|---|---|
|  <p>LEGACY<br/>HEALTH</p> | <p><b>Legacy Day Treatment Unit<br/>Provider's Orders</b></p> <p>Adult Ambulatory Infusion Order<br/>IRON SUCROSE (VENOFER)</p> | <p><b>Patient Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Med. Rec. No (TVC MRN Only):</b> _____</p> |
| <p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>                                  |   |   |

**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. Provider must order and obtain a ferritin prior to patient being scheduled for iron infusion. Labs drawn date: \_\_\_\_\_

**NURSING ORDERS (TREATMENT PARAMETERS):**

1. TREATMENT PARAMETER – 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: \_\_\_\_\_

|   |   |  |
|---|---|--|
| <br><b>Legacy Day Treatment Unit<br/>Provider's Orders</b> | <b>Adult Ambulatory Infusion Order<br/>IRON SUCROSE (VENOFER)</b>         | <b>Patient Name:</b><br><b>Date of Birth:</b><br><b>Med. Rec. No (TVC MRN Only):</b> |
|   | <b>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</b> |  |

**AS NEEDED MEDICATIONS:**

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

**HYPERSENSITIVITY MEDICATIONS:**

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients.
2. diphenhydramine (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

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

**Legacy Day Treatment Unit**  
 700 NE 87<sup>th</sup> Avenue, Suite 360  
 Vancouver, WA 98664  
 Phone number: 360-896-7070  
 Fax number: 360-487-5773

**Legacy Silverton STEPS Clinic**  
 Legacy Silverton Medical Center  
 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<sup>th</sup> Street, Suite 110  
 Vancouver, WA 98686  
 Phone number: 360-487-1750  
 Fax number: 360-487-5773

**Legacy Emanuel Day Treatment Unit**  
 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:** \_\_\_\_\_