



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

PO8031



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

**NURSING ORDERS:**

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.
3. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.

**MEDICATIONS:**

iron sucrose (VENOFER): (must check one)

- 200 mg in sodium chloride 0.9% 100 mL, intravenous, ONCE, over 30 minutes, x 5 doses over 14 days
- 300 mg in sodium chloride 0.9% 250 mL, intravenous, ONCE, over 1.5 hours, x 3 doses (administered every 2 to 3 days)

**AS NEEDED MEDICATIONS:**

1. sodium chloride 0.9%, 500 mL, intravenous, AS NEEDED x1 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. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). 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 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



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- 5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

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

**Hillsboro Medical Center**

Infusion Services  
364 SE 8th Ave, Medical Plaza Suite 108B  
Hillsboro, OR 97123

Phone number: (503) 681-4124

Fax number: (503) 681-4120

**Adventist Health Portland**

Infusion Services  
10123 SE Market St  
Portland, OR 97216

Phone number: (503) 261-6631

Fax number: (503) 261-6756

**Mid-Columbia Medical Center**

Celilo Cancer Center  
1800 E 19th St  
The Dalles, OR 97058

Phone number: (541) 296-7585

Fax number: (541) 296-7610