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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Venofer (iron sucrose)** | | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  CBC, Ferritin, Iron and TIBC | | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | **ICD10/Secondary Diagnosis:** | | | | **Dialysis Patient**  **Non-Dialysis Patient** | | | | |
| **Height:** | **Weight:** | | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | |  | | | | |
| Venofer (iron sucrose) 200 mg IV x 5 doses over a 14-day period  **Without CKD**  Venofer (iron sucrose) **100-300** mg per dose.  Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * repeat doses may be given until total iron requirements are met * Cumulative doses >1 g generally is not required during a single treatment course unless there is ongoing blood loss   **Maximum dose is 1000 mg in 5 divided doses over a 14-day period** | | | | | | | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | | |
| **Medication** | | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| acetaminophen | | | |  | PO | diphenhydrAMINE | | |  | IVP |
| diphenhydrAMINE | | | |  | PO |  | | |  |  |
| **PRN MEDS:**  N/A | | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided) -**  CBC, ferritin, Iron and TIBC  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | | | | | |
| **LAB** | | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
|  | | |  | | |  | |  | | |
|  | | |  | | |  | |  | | |
| **Provider Communication** | | | | | | | | | | |
| * Clinical documentation **must** contain information about why the patient needs Iron Sucrose: Oral Iron is not effective or Oral Iron is not tolerated * Maximum dose is 1000 mg in 5 divided doses over a 14-day period. | | | | | | | | | | |
| **Nursing Communication/Orders** | | | | | | | | | | |
| **Hold treatment and Notify** **Provider if**:   |  | | --- | | 1. HGB GREATER THAN 10  2. Transferrin Sat GREATER THAN 30%  3. Ferritin GREATER than 500 ng/mL  4. Signs and symptoms of active infection.  5. Do NOT give to patients with history of hypersensitivity to iron sucrose.  6. Monitor vital signs pre, 15-, and 30-min post infusion. Observe patients for at least 30 minutes post infusion or until clinically stable.  7. Notify provider of systolic BP drop more than 20 mm Hg or systolic VP less than 100 mm Hg.  8. Monitor closely for acute hypersensitivity reactions including urticaria, pruritis, rash, and notify provider.  \*\*Maximum dose is 1000 mg in 5 divided doses over a 14-day period\*\* | | | | | | | | | | | |