



Patient Name: _____
 DOB: _____
 Date of Last Infusion _____
 Insurance: _____

Clinic Location:
 Merrimack, NH
 Concord, NH

Iron Sucrose (Venofer®) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

Primary Dx: _____
 (ICD-10) _____ (description)

Secondary Dx: _____
 (ICD-10) _____ (description)

Hold infusion and notify provider for:

- Signs or symptoms of illness or active infection
- Monitor for hypotension.
- Record vital signs before and after infusion, or at least every 30 minutes.
- Instruct patient to complete follow-up lab testing as ordered below
- If infusion-related reaction occurs, stop infusion and initiate Hypersensitivity Reaction Management Protocol as clinically indicated.

Pre-medications (consider in presence of risk factors for hypersensitivity reaction: Age >65 years, weight <50 kg, hx asthma or severe cardiac or respiratory disease, multiple drug allergies or hx hypersensitivity reaction. Smaller doses may also be indicated in these patients):

Solu-Medrol 125 mg IVP once 30 minutes prior to infusion Other: _____

Iron sucrose 100 mg in 100 ml 0.9% sodium chloride x _____ doses (max 10). Infuse over 15 minutes. Schedule infusions at least 24 hours apart.

Iron sucrose 200 mg in 100 ml 0.9% sodium chloride x _____ doses (max 5). Infuse over 15 minutes. Schedule infusions at least 24 hours apart.

Iron sucrose 300 mg in 250 ml 0.9% sodium chloride x _____ doses (max 3). Infuse over 90 minutes. Schedule infusions once per week.

Observation Period:

- Monitor patient for hypersensitivity reaction for a period of 30 minutes following each infusion.
- Record vital signs prior to discharge.

Additional Orders:

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____