

Adult Iron Sucrose (Venofer) Order Form

SOMC Cancer Center & Infusion
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PATIENT & PRESCRIBER INFORMATION

Patient Name: _____ DOB: _____ Phone: (H) _____ (C) _____

Patient Address: _____

Ht.: _____ Wt.: _____ lbs. kg. Allergies: _____

Prescriber Name/Title: _____ Address: _____

Phone: _____ Fax: _____ Prescriber NPI #: _____

REQUIRED: Most Recent H&P, clinical notes, hemoglobin & hematocrit within the last 30 days, and medication list are required unless the patient is established with SOMC. Supporting clinical notes should include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

DIAGNOSIS, CLINICAL INFORMATION, & PRESCRIPTION

Iron Sucrose (Venofer)

- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- 0.9% NaCl 250 ml primary at KVO during infusion, and flush line during observation period.
- Monitor for any adverse events post administration for at least 30 minutes or until clinically stable.

Pre-Treatment Medications: (none required) To be administered 30 minutes prior to administration.

Diphenhydramine (Benadryl) 25 mg PO 1x only each Venofer treatment.

Diphenhydramine (Benadryl) 12.5 mg IV 1x only each Venofer treatment.

Other (Please Specify) - _____

AND

Diagnosis (Check all that apply)

Iron Deficiency Anemia in chronic kidney disease

(Please Specify Stage in CKD) - _____

IVPush: (Preferred)

Iron Sucrose (Venofer) 200 mg/10 ml slow IVPush undiluted over 5 minutes (no faster than 100 mg/minute = 2 minutes)

or 5 doses over 14 days (total 1,000 mg)

5 doses over 5 weeks (1x weekly) (total 1,000 mg)

Infusion: (Alternative)

Iron Sucrose (Venofer) 200 mg in 100 ml 0.9% NaCl IVPB infusion over 15 minutes

or 5 doses over 14 days (total 1,000 mg)

5 doses over 5 weeks (1x weekly) (total 1,000 mg)

OR

Diagnosis

Peritoneal dialysis dependent chronic kidney disease (PDD-CKD)

Dose:

Iron Sucrose (Venofer) 300 mg in 250 ml 0.9% NaCl IVPB infusion over 1.5 hours every 14 days for 2 infusions, then 14 days later **400 mg in 250 ml** 0.9% NaCl IVPB over 2.5 hours for one infusion (total 1,000 mg)

PROVIDER:

DATE:

TIME:

SIGNATURE:

**Southern Ohio
Medical Center**

VENOFER

Very Good things are happening here

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