



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the x to remove the pre-checked option.

IRON SUCROSE (VENOFER) TOTAL REPLACEMENT INFUSION [11500282] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Labs	Interval
<input checked="" type="checkbox"/> Provider Communication <i>Provider to send most recent Ferritin and/or Iron Deficiency Panel Lab results with completed order.</i>	Once

Supportive Care	Interval	Route
<input type="checkbox"/> Iron Sucrose (VENOFER) IVPB: Total Replacement Dose per Pharmacy		IV
<input type="checkbox"/> Iron Sucrose (VENOFER) IVPB Dose _____ Frequency _____		IV
<input checked="" type="checkbox"/> Sodium Chloride 0.9 % IV bolus 250 mL <i>IV site discomfort. May use 250 mL NS at 100 mL/hr. Run concurrent with iron infusions as needed.</i>	PRN	IV

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Monitor patient for signs and symptoms of hypersensitivity. Hypersensitivity symptoms may include: anaphylaxis, flushing, dyspnea, tachycardia, and increased blood pressure.</i>	Every visit
<input checked="" type="checkbox"/> Nursing Communication <i>Discontinue therapy plan when treatment complete.</i>	Every visit

Vascular Access (single select)	Interval
<input type="checkbox"/> IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	Every Visit
<input type="checkbox"/> Central line (non-PICC) - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol	Every Visit

Provider Signature	Date	Time
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Provider's Printed Name: _____

Place Patient Label Here

- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
- sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
- heparin 100 units/mL 5 mL
5 mL for de-access every visit
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

O PICC line Every Visit

- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication
Change PICC line dressing weekly and PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications

Interval

- | | | |
|--|-----------------------|-----------------------------------|
| <ul style="list-style-type: none"> <input type="radio"/> sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care <input type="radio"/> sodium chloride 0.9 % bolus 500 mL
500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr) | <p>PRN</p> <p>PRN</p> | <p>Route: IV</p> <p>Route: IV</p> |
|--|-----------------------|-----------------------------------|

Emergency Medications

Interval

- | | | |
|---|------------|------------------|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> diphenhydramine (BENADRYL) injection 25-50 mg
25-50 mg Once As Needed For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg I dose for a total of 50 mg, and contact provider. | <p>PRN</p> | <p>Route: IV</p> |
|---|------------|------------------|

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

- X
albuterol 90 mcg/actuation inhaler 2 puff
PRN
Route: Inhalation
2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.
- X
methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg
PRN
Route: IV
125 mg Once As Needed For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.
- X
EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg
PRN
Route: Intramuscular
0.5 mg Once As Needed For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here