

Height _____ Weight ____

Cottage Grove Infusion 1515 Village Drive Cottage Grove, OR 97424 Phone 541-767-5447 Fax 541-767-5399 E-Fax 541-434-3164

IRON SUCROSE INFUSION (v. 10/31/2024)

Medicatio	andard protocol (can be used in pregnancy if preferred): iron sucrose 200 mg in 100 mL of normal saline over 30 minutes IV x 5 doses within 14 day gpannt patients. Fron sucrose 300 mg in 250 mL of normal saline over 1.5 hours IV on day 1 and 8 then 400 mg in 250 mL of normal saline over 2.5 'on day 15 ethylprednisolone 125 mg IV x 1 dose (pre-iron infusion-optional) dium chloride 0.9% at 100 mL/hr, use smallest volume bag possible. Run concurrent with iron infusions as needed for vein discomfort (optional) sucrose dose 1000 mg in 14 day period munications: Vital signs: hitial and as needed Monitor patient for signs and symptoms of hypersensitivity (anaphylaxis, flushing, dyspnea, tachycardia, increased blood pressure) Slow rate 50% for rate-related reactions like chest discomfort Insert peripheral IV Every visit, remove after IV administration complete Access & Use Central Line (Non-PICC) Maintenance Protocol Heparin, porton (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care Alteplase (Cathfol) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded Access & Use PICC Normal saline flush 3 mL as needed for PCC/ Hickman line care Alteplase (Cathfol) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded Medications: MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (-/ into is MSP), nausea, urticaria, chils, purtific, Contact provider if given. Finephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg se of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given. Frovider
	Standard protocol (can be used in pregnancy if preferred): Iron sucrose 200 mg in 100 mL of normal saline over 30 minutes IV x 5 doses within 14 da
	Pregnant patients: Iron sucrose 300 mg in 250 mL of normal saline over 1.5 hours IV on day 1 and 8 then 400 mg in 250 mL of normal saline over 2.5 IV on day 15
	Methylprednisolone 125 mg IV x 1 dose (pre-iron infusion- optional) Sodium chloride 0.9% at 100 mL/hr, use smallest volume bag possible. Run concurrent with iron infusions as needed for vein discomfort (optional on sucrose dose 1000 mg in 14 day period
Nursingco	ommunications:
	Vital signs: Initial and as needed
	Monitor patient for signs and symptoms of hypersensitivity (anaphylaxis, flushing, dyspnea, tachycardia, increased blood pressure)
	Slow rate 50% for rate-related reactions like chest discomfort
Access:	
	Insert peripheral IV
	- Every visit, remove after IV administration complete
	Access & Use Central Line/ CVAD
	- Initiate Central Line (Non-PICC) Maintenance Protocol
	- Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
	Access & Use PICC
	- Initiate PICC Maintenance Protocol
	- Normal saline flush 3 mL as needed for PICC/ Hickman line care
Emergeno	cy Medications:
	MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/ points in SBP), nausea, urticaria, chills, pruritic). Contact provider if given.
Avoid	use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
Patient name	Provider printed name:
DOB	Provider signature:

Date: _____ Time: ____