



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

IRON SUCROSE (VENOFER) INFUSION (EVERY 14 DAYS) [11500337] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height _____ Weight _____

Supportive Care	Interval
<input type="checkbox"/> IRON SUCROSE IVPB ORDERABLE Route: _____ <i>Starting when released, For 1 dose, Slow rate 50% for rate-related reactions like chest discomfort.</i> Dose _____ Frequency _____	
<input type="checkbox"/> SODIUM CHLORIDE 0.9 % IV BOLUS Route: _____ <i>IV site discomfort, Starting when released, May use 250ml NS or 500ml NS at 100ml/hr. Run concurrent with iron infusions as needed.</i> Dose _____ Frequency _____	
<input type="checkbox"/> SODIUM CHLORIDE 0.9 % IV BOLUS Route: _____ <i>IV site discomfort, Starting when released, May use 250ml NS or 500ml NS at 100ml/hr. Run concurrent with iron infusions as needed.</i> Dose _____ Frequency _____	

Provider Communication Orders	Interval
<input type="checkbox"/> Physician Communication Once <i>Starting when released Order one CBC with Differential, Ferritin, AND Iron prior to beginning treatment.</i>	
<input type="checkbox"/> Provider Communication Once <i>Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.</i>	

Nursing Orders	Interval	Route
<input type="checkbox"/> Nursing Communication Every visit <i>Starting when released Monitor patient for signs and symptoms of hypersensitivity. Hypersensitivity symptoms may include: anaphylaxis, flushing, dyspnea, tachycardia and increased blood pressure.</i>		
<input type="checkbox"/> Nursing Communication Every visit <i>Starting when released Discontinue therapy plan when treatment complete.</i>		
<input type="checkbox"/> Insert peripheral IV PRN <i>Starting when released</i>		
<input type="checkbox"/> Access & Use Central Line/CVAD PRN <i>Starting when released Access vascular device and confirm patency.</i>		
<input type="checkbox"/> Access & Use Central Line/CVAD PRN <i>Starting when released Access vascular device and confirm patency.</i>		
<input type="checkbox"/> sodium chloride (NS) flush 10 mL PRN Route: IV <i>Line Care, Starting when released</i>		

Provider Signature _____ EHR User ID _____ Date _____ Time _____

Initials _____

Place Patient Label Here

<input type="checkbox"/>	Initiate Central Line (Non-PICC) Maintenance Protocol <i>Starting when released</i>	PRN	
<input type="checkbox"/>	Initiate PICC Maintenance Protocol <i>Starting when released</i>	PRN	
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care prior to medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	Nursing Communication <i>Starting when released Change PICC line dressing weekly and as needed.</i>	PRN	
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care post medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care prior to medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care post medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care at discharge and de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	heparin, porcine (PF) 100 unit/mL flush 500 Units <i>Line Care, for de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line Care, Starting when released, For 2 dose, Reconstitute with 2.2 mL Sterile Water to the vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line.</i>	PRN	Route: Intra-Catheter
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line care, Starting when released, For 2 dose, Reconstitute with 2.2 mL Sterile Water to the vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line.</i>	PRN	Route: Intra-Catheter

PRN Medications

Interval

<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>10 mL As Needed IV Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % bolus 500 mL <i>500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Provider Signature

EHR User ID

Date

Time

Initials

Place Patient Label Here

