



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 (X 5 DOSES OVER 14 DAYS) [11500336] 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 <i>Starting when released, For 1 dose, Slow rate 50% for rate-related reactions like chest discomfort.</i> Dose _____ Frequency _____	Route: _____
<input type="checkbox"/> SODIUM CHLORIDE 0.9 % IV BOLUS <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 _____	Route: _____
<input type="checkbox"/> SODIUM CHLORIDE 0.9 % IV BOLUS <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 _____	Route: _____

Provider Communication Orders	Interval
<input type="checkbox"/> Physician Communication <i>Starting when released Order one CBC with Differential Ferritin, AND Iron prior to beginning treatment.</i>	Once
<input type="checkbox"/> Provider Communication <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>	Once

Nursing Orders	Interval	
<input type="checkbox"/> Nursing Communication <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>	Every visit	
<input type="checkbox"/> Nursing Communication <i>Starting when released Discontinue therapy plan when treatment complete.</i>	Every visit	
<input type="checkbox"/> Insert peripheral IV <i>Starting when released</i>	PRN	
<input type="checkbox"/> Access & Use Central Line/CVAD <i>Starting when released Access vascular device and confirm patency.</i>	PRN	
<input type="checkbox"/> Access & Use Central Line/CVAD <i>Starting when released Access vascular device and confirm patency.</i>	PRN	
<input type="checkbox"/> sodium chloride (NS) flush 10 mL <i>Line Care, Starting when released</i>	PRN	Route: IV

Provider Signature _____ EHR User ID _____ Date _____ Time _____

Initials _____

Place Patient Label Here

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IRON SUCROSE (VENOFER) INFUSION (X 5 DOSES OVER 14 DAYS)
 Prog & Orders

<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
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Provider Signature

EHR User ID

Date

Time

Initials

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sodium chloride 0.9 % bolus 500 mL PRN Route: IV
500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)

Emergency Medications

Interval

diphenhydrAMINE (BENADRYL) injection 25-50 mg PRN Route: IV
25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, 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 25mg IV dose for a total of 50 mg, and notify provider

albuterol 90 mcg/actuation inhaler 2 puffs PRN Route: Inhalation
2 puffs Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider, Starting when released, Administer with a spacer if available.

methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg PRN Route: IV
125 mg Once As Needed IV 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, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose

EPINEPHrine (ADRENALIN) injection 0.5 mg PRN Route: Intramuscular
0.5 mg Once As Needed Intramuscular Other, 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 notify provider, For 1 dose

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