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VENOFER (IRON SUCROSE) INFUSION ORDERS

Patient Name: _____ **DOB:** _____ Male Female

Diagnosis (please provide ICD10 code): _____

Secondary Diagnosis (please provide ICD10 code): _____

Please Choose One: Oral Iron Intolerance OR Lack of response to oral Iron

NKDA Allergies: _____

Ordering Provider: _____

Provider NPI: _____ **Phone:** _____ **Fax:** _____

Practice Address _____ City _____ State _____ Zip Code _____

❖ **PRE-MEDICATION** (needed if past allergic reaction to iron infusion) **REQUIRED TESTING/LABS**

- | | | |
|--|---|--|
| <input type="checkbox"/> Acetaminophen 1000mg PO | <input type="checkbox"/> Solu-Medrol 125mg IVP | <input checked="" type="checkbox"/> Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached |
| <input type="checkbox"/> Diphenhydramine 25mg PO | <input type="checkbox"/> Solu-Cortef 100mg IVP | <input checked="" type="checkbox"/> Recent Labs: CBC, Ferritin, Iron Studies |
| <input type="checkbox"/> Cetirizine 10mg PO | <input type="checkbox"/> Diphenhydramine 25mg IVP | |

VENOFER ORDERS

❖ **DOSING:**

- 100mg in 100ml 0.9% sodium chloride over 30 minutes
 200mg in 100ml 0.9% sodium chloride over at least 30 minutes
 Other: _____

❖ **FREQUENCY:**

- 5 Occasions over 14 days
 Every _____ days for _____ doses

❖ **GI Urgent Care of Florida Standing Orders:**

- Provide treatment under GI Urgent Care of Florida's Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name: _____

Provider Signature: _____ **Date:** _____

*Observe for signs and symptoms of hypersensitivity during and after Venofer administration for at least 30 minutes and until clinically stable following completion of each administration.
May cause hypotension. Monitor for signs and symptoms of hypotension during and following each administration.
Iron Overload: Regularly monitor hematologic responses during therapy. Do not administer to patients with iron overload.*