



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714  
Ph 330-363-1410 Fax 330-363-2380

**Infusion Order – Iron Sucrose (Venofer)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**Please check one of the following doses:**

- Iron sucrose 100mg in 100mL 0.9% NaCl IVPB over 30 minutes
- Iron sucrose 200mg in 100mL 0.9% NaCl IVPB over 60 minutes
- Iron sucrose 300mg in 250mL 0.9% NaCl IVPB over 90 minutes
- Other \_\_\_\_\_

**Please check one of the following frequencies and duration of therapy:**

- Daily x \_\_\_\_\_ doses
- Weekly x \_\_\_\_\_ doses
- Monthly x \_\_\_\_\_ doses
- Other \_\_\_\_\_

- **Flush IV line with 30-50mL 0.9% NaCl following completion of Venofer infusion**
- **Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required**

**Duration of Order:** 1 year (unless otherwise specified: \_\_\_\_\_)

**For Anaphylactic reactions, check which therapies to be included (patients >40kg):**

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL IV** x 1 at 250mL/hour
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**Additional orders:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_