 defaults for orders not otherwise specified below:
  - 100 mg every 14 days x 7 treatments
  - 200 mg every 21 days x 5 treatments
  - 200 mg every 2 days x 5 treatments (Total cumulative dose 1000 mg)
  - 500 mg every 14 days x 2 treatments
  - Interval: Every 7 days

Duration:
  - _____ # of Treatments

Anticipated Infusion Date _______ ICD 10 Code with Description ____________________________________________

Height _______ (cm) Weight _______ (kg) Allergies ________________________________________________________

Provider Specialty
☐ Allergy/Immunology  ☐ Infectious Disease  ☐ OB/GYN  ☐ Rheumatology
☐ Cardiology  ☐ Internal Med/Family Practice  ☐ Other  ☐ Surgery
☐ Gastroenterology  ☐ Nephrology  ☐ Otolaryngology  ☐ Urology
☐ Genetics  ☐ Neurology  ☐ Pulmonary  ☐ Wound Care

Site of Service
☐ SH Gerber  ☐ SH Lemmen Holton (GR)  ☐ SH Pennock  ☐ SH United Memorial
☐ SH Helen DeVos (GR)  ☐ SH Ludington  ☐ SH Reed City  ☐ SH Zeeland

Appointment Requests

☒ Infusion Appointment Request
If interval is every 2 days x 5 treatments: Schedule patient on Monday, Wednesday and Friday during the week - may skip treatment on the weekends.
All other intervals: Schedule patient appointment at most 3 days before or at most 3 days after.

Labs

☒ Hemoglobin + Hematocrit (H+H)
Interval  Duration
☐ Every 7 days  ☐ For 2 treatments
☐ Every 14 days  ☐ For 5 treatments
☐ Every 21 days  ☐ For 7 treatments
☐ Once  ☐ _____ # of Treatments


☒ Ferritin, Blood Level

Once

1 treatment

☒ Transferrin, Blood Level

Once

1 treatment

☒ Iron and Iron Binding Capacity Level

Once

1 treatment

☒ Labs: ____________________________
Interval  Duration
☐ Every ___ days  ☐ Until date: _______
☐ Once  ☐ _____ # of Treatments

Nursing Orders

☒ ONC NURSING COMMUNICATION 100

MONITOR PATIENT FOR INFUSION REACTIONS: Acute changes in blood pressure, skin rash. Hives, pain in chest, swelling in face, lips and/or tongue, dizziness and/or lightheadedness, pain, swelling and/or redness at IV site, abdominal and/or leg cramps, nausea, vomiting, diarrhea.
Nursing Orders (continued)

Hypersensitivity reactions: Cases of hypersensitivity reactions, including anaphylactic and anaphylactoid reactions (some fatal), have been reported. Monitor patients during and for greater than or equal to 30 minutes postadministration; discontinue immediately for signs/symptoms of a hypersensitivity reaction (shock, hypotension, loss of consciousness) or if signs of intolerance occur.

Hypotension: Significant hypotension has been reported frequently in hemodialysis-dependent patients. Has also been reported in peritoneal dialysis and nondialysis patients. Hypotension may be related to total dose or rate of administration (avoid rapid IV injection), follow recommended guidelines.

☑ ONC NURSING COMMUNICATION 20
If patient develops adverse reaction STOP INFUSION IMMEDIATELY and Notify Physician

☑ ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

Vitals

☑ Vital Signs
Routine, PRN, Starting S. Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms. Monitor for signs/symptoms of hypersensitivity reactions during and for 30 minutes following infusion; hypotension during and following infusion.

Medications

☐ iron sucrose (VENOFER) 100 mg in sodium chloride 0.9 %
105 mL IVPB
100 mg, Intravenous, Administer over 30 Minutes (210 mL/hr), Once, Starting S, For 1 Doses
Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.

☐ iron sucrose (VENOFER) 200 mg in sodium chloride 0.9 %
110 mL IVPB
200 mg, Intravenous, Administer over 30 Minutes (220 mL/hr), Once, Starting S, For 1 Doses
Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.

☐ iron sucrose (VENOFER) 500 mg in sodium chloride 0.9 %
125 mL IVPB every 14 days for 2 treatments ONLY
500 mg, Intravenous, Administer over 240 Minutes (31 mL/hr), Once, Starting S, For 1 Doses
Monitor for signs and symptoms of hypersensitivity reactions during and for 30 minutes after infusion. Monitor for hypotension during infusion.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

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<th>TRANSCRIBED:</th>
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EPIC VERSION DATE: 07/16/21

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