

OP infusion

IV Iron



Patient information

Patient Name: _____ DOB: _____ Provider: _____

Date: _____ Allergies: _____

Name of Provider _____ Provider phone number _____

Diagnosis and ICD-10: _____

Is the patient in a SNF? Yes No does the patient require assistance with ADLs? Yes

Orders preceded by a require a to initiate the order.

Pharmacy Dosing (select only one):

Iron sucrose (Venofer) infusion per pharmacy dosing

OR

Ferric carboxymaltose injection (Injectafer) per pharmacy dosing

Non-pharmacy dosing (select only one):

Iron sucrose (Venofer): 200 mg IV per standard infusion rate as tolerated X 5 doses within 30 days

OR

Iron sucrose (Venofer): _____ mg IV per standard infusion rate as tolerated X _____ doses within _____ days

OR

Ferric carboxymaltose (Injectafer): 750mg IV per standard infusion rate or as tolerated every 7 days X 2 doses

OR

Ferric carboxymaltose (Injectafer): _____ mg IV per standard infusion rate or as tolerated every _____ days for _____ doses

Check patient insurance coverage to determine if there is another option that reduces patient expense and follow up with provider office staff

Other Infusion Orders:

Patients with central line access:

Select one: Patient has a PICC Implanted port Other CVAD Patient does not have a CVAD

Central line care per Salem Health CVAD Access Policy. (*Lippincott*). May use alternative dressing or cleanser for skin breakdown.

Alteplase per Salem Health Central Venous Access Device declotting (*Lippincott*) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow

1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (*occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.*) Notify Physician or Provider if implemented

Notify provider if infusion NOT given or patient is a 'No Show' three times for his or her appointment.

Follow SH Infusion reaction protocol for symptom of infusion reaction. Notify provider if implemented

Provider Signature

Provider Printed Name

Date:

salemhealth.org

Salem Hospital Infusion

Appointment line: 503-814-4638

Fax: 503-814-1465

Clinic Hours daily from 8am-4:30pm

Hours may vary on holidays and weekends

West Valley Infusion

Appointment line: 503-831-3150

Fax: 503-831-3484

Clinic Hours daily from 8am-4:30pm

Hours may vary on holidays and weekends

PATIENT LABEL