

# OP Infusion

## IV Iron



### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Physician: \_\_\_\_\_

Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name of Provider: \_\_\_\_\_ Provider phone number: \_\_\_\_\_

Diagnosis and ICD-10: \_\_\_\_\_

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

### ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

#### FOR PHARMACY DOSING:

Select 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*): 200mg per standard infusion rate as tolerated X 5 doses within 14 days

**OR**

Iron sucrose (*Venofer*): \_\_\_\_\_ mg per standard infusion rate as tolerated X \_\_\_\_\_ doses within \_\_\_\_\_ days

**OR**

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

**OR**

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

#### 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*)

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

Notify physician 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.

Provider Signature

Provider Printed Name

Date:

[salemhealth.org](http://salemhealth.org)

#### Infusion

Appointment line: 503-814-4638

Fax: 503-814-1465

Clinic Hours:

(M-F: 8 a.m. - 4:30 p.m.,

Sat-Sun & Holidays 8 a.m. - 2:30 p.m.)

**PATIENT LABEL**