

(Iron Sucrose)



# Venoferr infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone Number \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_

**DIAGNOSIS** *Please provide ICD-10 code*

\_\_\_\_\_ Other

\_\_\_\_\_ Iron Deficiency Anemia

\_\_\_\_\_ Iron Deficiency with Heart Failure

### PRE-MEDICATIONS (optional)

Acetaminophen 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

### Venoferr (Iron sucrose) ORDERS

#### DOSAGE & FREQUENCY

*Dose (choose one)*

200mg in 100mL 0.9% NaCl x5 doses over 14 days

Other: \_\_\_\_\_

**Patient Weight**

\_\_\_\_\_ lbs

\_\_\_\_\_ kg

#### NOTES:

### ORDERING PROVIDER

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_