MEDICATION ORDERS

VENOFER (IRON SUCROSE) **FOR PREGNANT PATIENT**

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

DIAGNOSIS AND ICD 10 CODE

☐ Iron Deficiency Anemia ICD 10 Code: D50.9

AND

☐ Anemia complicating pregnancy, first trimester ICD 10 Code: 099.011
☐ Anemia complicating pregnancy, second trimester ICD 10 Code: 099.012
☐ Anemia complicating pregnancy, third trimester ICD 10 Code: 099.013
☐ Is your patient unable to tolerate, or had inadequate response to oral iron supplements? ☐ YES ☐ NO

REQUIRED DOCUMENTATION/TESTING

☐ This signed order form by the provider
☐ Patient demographics AND insurance information
☐ CBC and Anemia Panel, within 30 days
☐ Clinical/ Progress notes, including H&P
☐ Labs and Tests supporting primary diagnosis

MEDICATION ORDERS

Dosing: ☐ Venofer 200 mg IV x 1 dose over 15 minutes
☐ Venofer 200 mg IV x 5 doses, each over 15 minutes
- Patients will be monitored during infusion and for 30 minutes after, unless otherwise specified.

Refills: ☐ _____ doses

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note for patients receiving treatment at the Montgomery Cancer Center: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.
- Please note for patient receiving treatment at Baptist East Outpatient Infusion: if an infusion reaction occurs, the Baptist East staff will follow the PRN hypersensitivity standing orders and will contact the referring provider in the event of an emergency. For life threatening anaphylaxis, Baptist East staff will follow rapid response policy or 911 facility policy.

Physician Signature: Date:

Patient Name: _____ Patient Date of Birth: _____

MEDICATION ORDERS

VENOFER (IRON SUCROSE) **FOR PREGNANT PATIENT**

All order sets will include a statement to activate these IV Iron PRN hypersensitivity standing orders when necessary.

Reaction Symptom		Drug	Dose	Route
Cough, flushing, chest tightness, nausea/vomiting, shortness of breath, urticaria, hypotension, tachycardia	✓	Normal Saline Flush Rate	100mL/hr	IV
	✓	Methylprednisolone (Solu-Medrol)	125mg	IVP
Hypotension, wheezing, stridor, periorbital edema, arrhythmia/cardiovascular collapse, unconscious or non-responsive, respiratory arrest	✓	Normal Saline	150ml/hr	IV
	✓	Methylprednisolone (Solu-Medrol)	125mg	IVP
	✓	Hydrocortisone (Solu-Cortef)	50mg	IVP
	✓	Epinephrine Pen	0.3mg	IM
Nausea/Vomiting	✓	Granisetron (Kytril)	1mg	IVP

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

For questions, please contact
Baptist Outpatient Infusion Services @ (334) 747-7401

Fax completed form and all documentation to
Baptist Outpatient Infusion Services @ (334) 747-7403