



MEDICATION ORDERS

VENOFER (IRON SUCROSE) FOR PREGNANT PATIENT

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

REFERRAL STATUS		
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change	<input type="checkbox"/> Order Renewal

DIAGNOSIS AND ICD 10 CODE	
<input type="checkbox"/> Iron Deficiency Anemia AND	ICD 10 Code: D50.9
<input type="checkbox"/> Anemia complicating pregnancy, first trimester	ICD 10 Code: 099.011
<input type="checkbox"/> Anemia complicating pregnancy, second trimester	ICD 10 Code: 099.012
<input type="checkbox"/> Anemia complicating pregnancy, third trimester	ICD 10 Code: 099.013
<input type="checkbox"/> Is your patient unable to tolerate, or had inadequate response to oral iron supplements?	<input type="checkbox"/> YES <input type="checkbox"/> NO

REQUIRED DOCUMENTATION/TESTING	
<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/ Progress notes, including H&P
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Labs and Tests supporting primary diagnosis
<input type="checkbox"/> CBC and Anemia Panel, within 30 days	

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Dosing:	<input type="checkbox"/> Venofer 200 mg IV x 1 dose over 15 minutes <input type="checkbox"/> 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:	<input type="checkbox"/> _____ doses
<ul style="list-style-type: none">• 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:
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Patient Name: _____

Patient Date of Birth: _____



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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