

ADMIT to outpatient infusion service **for Iron Sucrose (Venofer) Infusion**

DIAGNOSIS:

- ☐ IRON DEFICIENCY ANEMIA
☐ OTHER (specify) _____

Lab

*Labs must be done prior to scheduling infusions

Infusion/Injection Orders

Drug	Fluid	Dose	Route
Iron Sucrose (Venofer)	NS 100 mL	200 mg	IV Infusion

Ancillary Treatment/Administrative Procedures

- ❖ Infuse Venofer: 200 mg in 100 mL Normal Saline over 30 minutes.
- ❖ Monitor vital signs prior to infusion, then as needed.
- ❖ May use Infusion Center Non-Oncology Standing Orders.

Schedule repeat infusion: q _____ week(s) for _____ doses.

Ordering Physician

Date

Time

**EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set Iron Sucrose
Iron Sucrose- (Venofer)**

Patient Identification