Dartmouth Health

Alice Peck Day Memorial Hospital
Infusion Medicine

MRN:

NAME:

Two identifiers needed
or
Patient Label

DOB:

Iron Sucrose (Venofer) Injection Orders

Please fax the completed Therapy Plan, signed by the provider, along with patient demographics, insurance information, patient summary, and last visit note to 603-442-5195.

Patient's Full Name: _____

Birthdate: _____ Phone Number: _____

Address: _____

ICD10 diagnosis related to this treatment: _____

Requested treatment start date: _____

☐ Referral to Alice Peck Day Memorial Hospital (APD) MEDICAL INFUSION

Pre-Medications

☐ Acetaminophen (Tylenol) tablet 975 mg, Oral, ONCE, 1 dose, starting at treatment start time; give **prior** to patient's scheduled medication. *(Maximum dose of acetaminophen is 4,000 mg from all sources in 24 hours.)*

☐ Diphenhydramine (Benadryl) capsule 25 mg, Oral, ONCE, 1 dose, starting at treatment start time; give **prior** to patient's scheduled medication.

☐ Hydrocortisone sodium succinate (pf) (Solu-CORTEF) (100 mg/2 mL) injection – 100 mg, Intravenous, ONCE, 1 dose, starting at treatment start time; give **prior** to patient's scheduled medication.

Scheduled Medication

☐ Iron Sucrose (Venofer) (20 mg/mL) for slow IV push 100 mg, Intravenous, ONCE, 1 dose, starting at treatment start time.

☐ Iron Sucrose (Venofer) (20 mg/mL for slow IV push 200 mg, Intravenous, ONCE, 1 dose, starting at treatment start time.

Comments_____

_____
Provider Name (printed)

_____
Provider Signature

Order Date: _____ Time Order Signed: _____

Clinic name: _____

Office phone number: _____