



AFFIX LABEL HERE

Iron Sucrose (Venofer®) Infusion Order Set

Most Responsible Physician _____

Allergies: NKA or _____

Indications

- Nephrology Patient
- Hemoglobin less than 110 g/L (off-label)
- Iron deficiency such as iron saturation less than 20% (off-label)
- Intolerance to oral iron (off-label)

Vitals

- Baseline T, HR, RR, BP, SpO₂ prior to infusion
- T, HR, RR, BP, SpO₂ q30 minutes until 1 hour post completion of infusion

Iron SUCROSE (Venofer®)

Order if allergy or adverse effect from iron DEXTRAN or sodium ferric gluconate

- Hold iron sucrose if Temperature is greater than 38°C and/or if patient is currently taking PO or IV antibiotics

Iron Sucrose IV (maximum rate 100 mg/h, dose not to exceed 300 mg)

- iron sucrose 100 mg in 100 mL 0.9% NaCl IV infused over 1 hour
- OR**
- iron sucrose 200 mg in 250 mL 0.9% NaCl infused over 2 hours
- OR**
- iron sucrose 300 mg in 250 mL 0.9% NaCl infused over 3 hours
- OR**
- Number of doses: _____ Doses to be given: _____ days apart (Cumulative **maximum dose 1,000 mg**. Total dose not to be administered in a period of time less than 14 days)

Management of Side Effects

- If Adverse Reaction** (Hypotensive reaction - systolic blood pressure drop of 25 mmHg, phlebitis and venous spasm, abdominal cramps, leg cramps, nausea, diarrhea)
 - Hold infusion x 30 minutes
 - If symptoms improve resume infusion at half previous rate
 - If symptoms persist give 500 mL 0.9% NaCl bolus and call physician
- If anaphylactic reaction occurs:**
 - Stop infusion immediately
 - Notify MD
 - Start O₂ at 35-50% by mask
 - diphenhydrAMINE 50 mg IV STAT
 - EPINEPHrine (1:1,000) 0.5 mL Subcutaneous STAT

Discharge

- Monitor patient x 1 hour post infusion before discharge home

_____ Physician/Practitioner Signature	_____ Print Name/Designation	_____ Date	_____ Time
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Transcribed By: _____	Designation _____	Date _____	Time _____
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Checked By: _____	Designation _____	Date _____	Time _____
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- Sent to Pharmacy Date _____ Time _____