



Phone: 608-690-7210  
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www.MySmartInfusion.com

## Venofor (iron sucrose) Infusion Order Form

### Location

- Eau Claire     Weston  
 Middleton     Onalaska

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

### Diagnosis and ICD 10 Code (Required)

- Iron deficiency anemia    ICD 10 Code: D50.9  
 Anemia in Chronic Kidney Disease    ICD 10 Code: D63.1

### Required Tests

Pregnancy Test Status & Date: \_\_\_\_\_

### Required Labs

Most recent Hgb & iron panel (attach results)

### Pre-Medication Orders

Acetaminophen (Tylenol)     500mg     650mg     1000mg PO  
Diphenhydramine (Benadryl)     25mg     50mg     PO     IV  
Methylprednisolone (Solu-Medrol)     125mg IV  
Ondansetron (Zofran)     4mg     8mg     PO     IV  
Other: \_\_\_\_\_ Route: \_\_\_\_\_  
Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

### Venofor Medication Order

Refill x12 months unless otherwise noted: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ KG

Dosage  
 100mg     200mg     300mg     IV Infusion  
Other: \_\_\_\_\_

Frequency  
 5 Doses on days: \_\_\_\_\_  
Other: \_\_\_\_\_

### Adverse Reaction Management & Nursing Orders

Full protocols are available for review at [mysmartinfusion.com](http://mysmartinfusion.com) or upon request.

<input checked="" type="checkbox"/> Administer the following emergency medications per Smart Infusion Therapy Services protocol: <input checked="" type="checkbox"/> Acetaminophen 650mg PO, <input checked="" type="checkbox"/> Diphenhydramine 25mg-50mg PO or IV <input checked="" type="checkbox"/> Ondansetron 4mg IV <input checked="" type="checkbox"/> Sodium Chloride 0.9% 1000mL IV <input checked="" type="checkbox"/> Methylprednisolone 125mg IV <input checked="" type="checkbox"/> Albuterol Sulfate 2.5mg nebulized <input checked="" type="checkbox"/> Oxygen 1-6LPM continuous flow <input checked="" type="checkbox"/> Epinephrine 0.3mg/0.3mL IM  <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Manage VAD per protocol:  <input checked="" type="checkbox"/> Start/Access and Discontinue PIV/CVC  <input checked="" type="checkbox"/> Flush with NS and/or Heparin per protocol based on line type <input checked="" type="checkbox"/> Other: _____
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### Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Copy of Insurance Card (Front/Back)

### Provider Information

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_