CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC85777-01NS   Rev. 7/2021

Iron Sucrose (VENOFER)
Infusion Therapy Plan (SOTP)

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____   Height: _____ cm   Weight: _____ kg   Body Surface Area: _____ (m^2)

☐ NKDA - No Known Drug Allergies   ☐ Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks   _____ months   _____ unknown

Treatment should begin: ☐ as soon as possible (within a week)   ☐ within the month

**Plans must be reviewed / re-ordered at least annually. **

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

☑ **Height and weight**

☑ **Vital signs**

Hypotension Defined Admit

☑ **Nursing communication**

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.
Hypotension is defined as follows:
1 month to 1 year - systolic blood pressure (SBP) less than 70
1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)
11 years to 17 years - systolic blood pressure (SBP) less than 90
OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.
Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

☑ **Insert peripheral IV / Access IVAD**

Place PIV if needed or access IVAD if available

☐ **lidocaine 1% BUFFERED (J-TIP LIDOCAINE)**

0.2 mL, INTRADERMAL, PRN

☐ when immediate procedure needed   ☐ when procedure will take about 1 minute   ☐ patient / family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets $\leq$ 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

☐ **lidocaine - prilocaine (EMLA) cream**

TOPICAL, PRN

☐ when more than 60 minutes are available before procedure   ☐ when procedure will take more than 1 hour

☐ patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

☐ **lidocaine - tetracaine (SYNERA) patch**

TOPICAL, PRN

☐ when 20 - 30 minutes are available before procedure   ☐ when procedure will take more than 1 hour

☐ when anticipated pain is less than 5 mm from skin surface   ☐ patient / family preference for procedure

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Key: cm = centimeter; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mOsm / L = milliosmole per liter; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; SBP = systolic blood pressure; SOTP = soild organ transplant

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ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

☐ **lidocaine with transparent dressing 4% kit**
TOPICAL, PRN

☐ when 20 - 30 minutes are available before procedure   ☐ when procedure will take more than 1 hour

☐ patient / family preference for procedure

☐ **Heparin flush**

> **heparin flush**
>
> 10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de - accessing the IVAD.
>
> **heparin flush**
>
> 100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de - accessing IVADs.

☐ **Sodium chloride flush**

> **Sodium chloride flush 0.9% injection**
> 1 - 20 mL, INTRAVENOUS, PRN, IV line flush
>
> **Sodium chloride - preservative free 0.9% injection**
> 1 - 30 mL, INTRAVENOUS, PRN, IV line flush

INTRA-PROCEDURE

☑ **Vital signs**
Monitor vital signs every 15 - 30 minutes during infusion.

☑ **Physician communication order**
Please enter the dose of iron sucrose in 'mg' to facilitate prior authorization requirements.
 < 50 kg or < 12 year old: 0.5 mg / kg (maximum of 100 mg) daily x 5 > 50 kg: 100 mg daily x 5 days.

☑ **iron sucrose in sodium chloride 0.9% 100 mL infusion**   Interval: **Every 1 day**   **Duration: For 5 Treatments**
INTRAVENOUS, at 100 mL / hour, for 1 dose, administer over 60 minutes
Dose: _____

☑ **Therapy Appointment Request**
Please select department for the therapy appointment request:
Expires in 365 days
☐ Dallas Special Procedures   ☐ Plano Infusion Center   ☐ Dallas Allergy   ☐ Dallas Transplant   ☐ Dallas Neurology

EMERGENCY MEDICATIONS

☑ **Nursing communication**
1. Hives or cutaneous reaction only – no other system involvement
PATIENT IS HAVING A DRUG REACTION:
    a. Stop the infusion
    b. Give diphenhydramine as ordered
    c. Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
    d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
    e. Notify provider for further orders

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EMERGENCY MEDICATIONS, CONTINUED

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling
  PATIENT IS HAVING ANAPHYLAXIS:
  a. Stop the infusion
  b. Call code – do not wait to give epinephrine
  c. Give epinephrine as ordered
  d. Notify provider
  e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
  f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
  g. Give diphenhydramine once as needed for hives
  h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
  i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.
  Hypotension is Defined as Follows:
  1 month to 1 year – systolic blood pressure (SBP) less than 70
  1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
  11 years to 17 years – systolic blood pressure (SBP) less than 90
  OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
  Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

☑ **EPINEPHrine Injection Orderable For Therapy Plan**
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg
0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses
Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.
Dose: _____

☑ **Cardio / Respiratory Monitoring**
Rationale for Monitoring: High risk patient (please specify risk)
  ☐ Clinically significant cardiac anomalies or dysrhythmias
  ☐ Recent acute life-threatening event
  ☐ Unexplained or acutely abnormal vital signs
  ☐ Artificial airway (stent, tracheostomy, oral airway)
  ☐ Acute, fluctuating or consistent oxygen requirements
Monitor Parameters (select all that apply): ☐ Heart rate   ☐ Oxygen saturation   ☐ Respiratory rate
Telemetry Required: ☐ Yes   ☐ No

☑ **diphenhydrAMINE injection**
1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.
Dose: _____

☑ **Albuterol for aerosol**
0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose
Dose: _____

POST - PROCEDURE

☑ **Nursing communication**
Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.
Discontinue PIV prior to discharge.

☑ **Sodium chloride 0.9% infusion**
INTRAVENOUS at 0 - 25 mL / hr, ONCE, for 1 dose
Dose: _____

(circle one):
MD   DO

_____   _____   _____
Signature of Provider   Credentials   Date   Time

_____
Printed Name of Provider

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