

Iron Infusion Protocol for Medical Day Case - Summary Clinical Guideline

Reference No: CG-Pharm/2015/002

PRESCRIPTION FORM FOR FERRIC CARBOXYMALTOSE (Ferinject 50mg/ml)

PATIENT DETAILS (label) NAME: HOSPITAL NO: DOB:	<u>Allergy Status:</u> 	Date	Bloods <hr/> Hb g/L Ferritin mcg/l Previous trial of oral iron No <input type="checkbox"/> Yes <input type="checkbox"/>
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Patient weight: _____

Referring Doctor: _____

Date	Drug	Dose	Infusion Fluid	Infusion Time	Prescriber Signature	Pharmacist Check	Administered By	Checked By
	Ferinject		Sodium Chloride 0.9%mL	Over 15 minutes				
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Observations:

No test dose required; hypersensitivity reactions to Ferinject are very rare. Observe patients during the infusion to ensure early recognition.

	Date	Time		Pulse (BPM)	BP (mmHg)	Infusion site	Signature
Infusion one			Pre infusion				
			During infusion				
			Post infusion				
Infusion two			Pre infusion				
			During infusion				
			Post infusion				

Determination of cumulative Ferinject dose needed for patient

Hb (g/L)	Patient Weight		
	below 35 kg	35 kg to <70 kg	70 kg and over
<100	500 mg	1,500 mg	2,000 mg
100 to <140	500 mg	1,000 mg	1,500 mg
>140	500 mg	500 mg	500 mg

*The maximum single dose of Ferinject that may be administered is 1000mg.

Further infusions to complete total dose must be administered at **LEAST** 7 days apart.

Infusion fluid volume

Dose of Ferinject	Volume of sodium chloride 0.9%
500mg	100 mL Ecoflac
1000mg	250 mL Ecoflac

Monitoring**Medical team to review if:**

Systolic blood pressure < 90 mmHg, Diastolic blood pressure < 60 mmHg, Pulse < 60 bpm or the patient develops a rash or thrombophlebitis at infusion site.