

Paeds: Ferinject

Presentation:	Ferric carboxymaltose (Ferinject) 100mg in 2ml, 500mg in 10ml, 1000mg in 20ml													
Indication:	Iron deficiency anaemia when oral supplementation is unsuccessful or not tolerated. Treatment can be considered where:													
	Age	Haemoglobin (g/L)	Where oral supplementation is unsuccessful or not tolerated											
	< 2 years	<100												
≥ 2 years	<110													
Unlicensed for children under 14 years and not recommended if child <7kg														
Dose:	<p>15mg/kg* (rounded down to the nearest 25mg for measurability)</p> <p>*Maximum dose for patients <35kg is 500mg</p> <p>A maximum dose of 1000mg can be given per week, therefore if a dose of >1000mg is required, the remainder of the dose must be given at least 7 days after the initial 1000mg dose.</p> <p>e.g. 80 kg adolescent (80kg x 15mg = 1200mg) Day 1: 1000mg infusion Day 8: 200mg infusion</p>													
Route of administration:	Intravenous													
Instructions for preparation and administration:	Doses will be made and supplied by Pharmacy, unless a full vial dose has been prescribed.													
	If administering a full vial, dilute as below and give via Baxter pump:													
	<table border="1"> <thead> <tr> <th>Dose:</th> <th>Diluent:</th> <th>Volume:</th> <th>Administration time:</th> </tr> </thead> <tbody> <tr> <td>100mg</td> <td rowspan="3">Sodium Chloride 0.9%</td> <td>50mL</td> <td rowspan="3">Infuse all doses over 15 minutes</td> </tr> <tr> <td>500mg</td> <td>100mL</td> </tr> <tr> <td>1000mg</td> <td>250mL</td> </tr> </tbody> </table>	Dose:	Diluent:	Volume:	Administration time:	100mg	Sodium Chloride 0.9%	50mL	Infuse all doses over 15 minutes	500mg	100mL	1000mg	250mL	
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100mg	Sodium Chloride 0.9%	50mL	Infuse all doses over 15 minutes											
500mg		100mL												
1000mg		250mL												
If <100mg dose is prescribed, the dose will be manufactured by pharmacy in a syringe, which can be infused using the SMART pump under the emergency drug setting.														
<u>Prescribing</u>	<p>Intravenous iron MUST be prescribed by brand as the dosing differs between brands. It is therefore essential to prescribe the medication name 'ferric carboxymaltose' and put the brand name (Ferinject) in brackets.</p> <p>Prescribe on Lorenzo or on the daycase infusion/prescription chart.</p>													
Known compatibility issues	Only compatible in Sodium chloride 0.9%													
SMART pump directions	Use emergency drug setting													
Additional Comments:	<ul style="list-style-type: none"> Anaphylactic reactions possible (<u>even if previously tolerated</u>) Only administer if staff trained to manage anaphylaxis are present and resuscitation facilities are immediately available Observe patient for signs of hypersensitivity (e.g. nausea, back pain, abdominal pain, breathlessness, hypotension) for 30 minutes after each administration 1ml undiluted Ferinject contains 5.5mg (0.24mmol) of sodium. Caution in sodium restricted patients Contraindicated if evidence of iron overload or if previous serious hypersensitivity to other parenteral iron products The risk of hypersensitivity is increased in patients with known allergies, immune or inflammatory conditions, or those with a history of severe asthma, eczema, or other atopic allergy; in these patients, intravenous iron should only be used if the benefits outweigh the risks. Serum ferritin and transferrin saturations to be reviewed no sooner than 4 weeks after IV iron course to allow adequate time for erythropoiesis and iron utilisation 													

References:

- Nottingham Paediatric guideline – Ferinject in IBD patients accessed 24.4.2020
BNFc online accessed 24.4.2020
SPC for Ferinject on medicines.org.uk accessed 24.4.2020
GG&C Paediatric Guidelines, available on www.clinicalguidelines.scot.nhs.uk/ggc-paediatric-guidelines/ggc-guidelines/kidney-diseases/anaemia-in-children-with-chronic-kidney-disease accessed 28.4.2020
Medusa, accessed medusa.wales.nhs.uk/IVGuideDisplay.asp?Drugno=2564 accessed 28.4.2020
Özdemir, Nihal. "Iron deficiency anemia from diagnosis to treatment in children." *Turk pediatri arsivi* vol. 50,1 11-9. 1 Mar. 2015, doi:10.5152/tpa.2015.2337 accessed 29.4.2020

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AUTHORS		
Author	Position	Date
Written by: Naomi Gladwell	Specialist Pharmacist for Women's and Children's.	24.4.2020
Checked by: Harriet Hughes	Advanced Pharmacist for Women's and Children's	30.4.2020

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