Note:
This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient’s medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms
Iron

Dose and Indications
Dose should be prescribed in milligrams of elemental iron OR mL of Ferro-liquid®

Prevention of iron deficiency anaemia in preterm infants < 2000g at birth or < 34 weeks gestation

**Oral**

<table>
<thead>
<tr>
<th>Weight</th>
<th>Dose</th>
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<tr>
<td>≤1.5kg</td>
<td>3mg (0.5mL) elemental iron /day</td>
</tr>
<tr>
<td>&gt;1.5kg to ≤3kg</td>
<td>6mg (1mL) elemental iron /day</td>
</tr>
<tr>
<td>&gt;3kg</td>
<td>9mg (1.5mL) elemental iron /day</td>
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Commence at 4 weeks postnatal age or when tolerating full feeds (whichever is later)

**Treatment of iron deficiency**

**Oral**
2mg to 6mg/kg daily

In conjunction with erythropoietin therapy

**Oral**
6mg/kg daily

Commence at 2 weeks postnatal age or when tolerating full feeds (whichever is later)
Ferrous Sulfate
6mg/mL elemental iron oral mixture (Ferro-liquid®)

Preparation and Administration

Oral

The oral mixture contains 6mg/mL elemental iron.

<table>
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<tr>
<th>Dose</th>
<th>3mg</th>
<th>6mg</th>
<th>9mg</th>
<th>12mg</th>
<th>15mg</th>
<th>18mg</th>
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</thead>
<tbody>
<tr>
<td>Volume</td>
<td>0.5mL</td>
<td>1mL</td>
<td>1.5mL</td>
<td>2mL</td>
<td>2.5mL</td>
<td>3mL</td>
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</table>

Best given on an empty stomach to optimise absorption; however may be given with or after feeds to minimise gastro-intestinal side effects

Adverse Effects

Common
Abdominal pain, vomiting, constipation, diarrhoea (all dose-related), black discolouration of faeces

Rare
Gastro-intestinal erosion (with high doses)

Monitoring

> Periodic full blood count and serum ferritin if treating iron deficiency anaemia

Practice Points

> If breastfed, continue on this dose until 6 months of corrected age
> If formula fed, continue on this dose until 3 months of corrected age
>
Contraindications:
> anaemia not due to iron deficiency
> haemochromatosis
> The administration of an iron supplement can precipitate a haemolytic crisis in vitamin E deficient neonates
> Patients with transfusion dependant anaemia run the risk of iron overload: avoid iron supplementation
> Gastro-intestinal disease may be exacerbated by oral intake of iron.
South Australian Neonatal Medication Guidelines

Ferrous Sulfate
6mg/mL elemental iron oral mixture (Ferro-liquid®)

Document Ownership & History

Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
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- Does this policy amend or update an existing policy? Y
- If so, which version? V1
- Does this policy replace another policy with a different title? N
- If so, which policy (title)?

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