

Adult IV Iron Prescribing Checklist

PATIENT LABEL

Refer to current local health service protocols & Australian Medicines Handbook (AMH)

Name.....
D.O.B..... Sex.....
MRN.....
Doctor..... Ward.....

Indications: confirmed iron deficiency anaemia and:

- Short time to non-deferrable surgery associated with substantial blood loss
- Rapid iron repletion clinically important to prevent decompensation or transfusion
- Demonstrated intolerance to oral iron despite modification of dose & frequency (eg. to alternate daily)
- Demonstrated non-compliance with oral iron
- Demonstrated lack of efficacy to therapeutic doses of oral iron (see AMH oral iron products table)
- Ongoing iron (blood) losses exceeding absorption
- Malabsorption of iron
- Absolute or functional iron deficiency in chronic heart failure (as per local or national guidelines)
- Absolute or functional iron deficiency in chronic kidney disease (as per local renal unit guidelines)

Indication details:

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Contraindications NONE

- Anaemia not due to iron deficiency (diagnosis of iron deficiency must be based on laboratory tests - seek advice regarding interpretation and if cause of anaemia is unclear)
- Evidence of iron overload or disturbances of iron utilisation including haemochromatosis
- Known hypersensitivity to IV or IM iron: seek specialist assessment / advice regarding nature of the reaction, indication for & alternatives to IV iron, and choice of IV iron preparation (if indicated)

Previous IM or IV iron NONE

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Precautions (Adults)

- Significant liver dysfunction (discuss risks / benefits with gastroenterologist); avoid in patients with hepatic dysfunction where iron overload is a precipitating factor, in particular porphyria cutanea tarda.
 - Use with caution in acute or chronic infection after assessing risks / benefits & seek expert advice. Avoid during active systemic infection / bacteraemia.
 - Use with caution in asthma, eczema, atopic allergies, drug allergies, consider in hospital use – seek expert advice. Refer to PI re infusion related reactions in inflammatory and autoimmune conditions.
 - Pregnancy: Avoid in 1st trimester**; in 2nd & 3rd trimester refer to [SA Perinatal Practice Guideline](#)
 - Avoid paravenous leakage which may cause irritation and potentially permanent brown skin staining. Distant skin discolouration has also been reported. Monitor IV site & educate patient to alert staff.
 - IV iron (particularly ferric carboxymaltose) can cause hypophosphataemia, including case reports that were severe & prolonged with osteomalacia & fracture: see PI & AMH for precautions, risks & monitoring.
 - When IV iron is given close to Denosumab, case reports (most with ferric carboxymaltose) suggest severe hypocalcaemia with hypophosphataemia may occur – see 'Precautions' for Denosumab in AMH.
 - **Always** refer to the product's PI for additional precautions & updates, local protocols & expert advice.
 - **Resuscitation facilities & staff trained in anaphylaxis management must be immediately available.**
 - IV iron can cause hypersensitivity reactions (including anaphylactoid, fetal bradycardia & acute allergic coronary arteriospasm with infarction), which may be fatal & can occur after previous uneventful doses.
 - STOP immediately if signs of allergy, intolerance or paravenous leakage. Refer to local protocols.
 - Monitor patient closely during and for at least 30 minutes after completing each infusion.
 - Regular monitoring of FBE & iron studies for recurrent iron deficiency & for iron overload is required.
 - Assess underlying cause of iron deficiency in ALL patients.
- Patient IV iron leaflet given** (see www.sahealth.sa.gov.au/bloodsafe) or other.....

Completing MO..... Mobile/Pager.....

Signature..... Date..... Designation/Unit.....

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This document is intended for SA Health Services to endorse or use as a template to adapt for local protocols / guidelines with expert input.