

# IV Iron Prescribing Checklist

PATIENT LABEL

UR No.: .....

Name: .....

D.O.B: ..... Sex: .....

Doctor: .....Ward: .....

## INDICATION

### \*Confirmed Iron Deficiency Anaemia AND:

*\*See Clinical Update on Iron Deficiency Anaemia MJA 2010*

- 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 and frequency)
- Demonstrated non-compliance with oral iron
- Demonstrated lack of efficacy with therapeutic doses of oral iron (100-200 mg of elemental iron a day: eg. 1 or 2 tablets per day of either Ferro-tab, Ferro-f-tab, Ferrogradumet, Ferrograd C, Fefol or FGF)
- Ongoing iron (blood) losses exceeding absorption
- Malabsorption of iron
- Absolute or functional iron deficiency in chronic heart failure (as per national guidelines)
- Absolute or functional iron deficiency in chronic kidney disease (as per Renal Unit guidelines)

#### Details re indication:

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#### Contraindications NONE

- Anaemia not due to iron deficiency (diagnosis must be based on laboratory tests, seek advice if cause of anaemia is unclear)
- Evidence of iron overload or disturbances of iron utilisation including haemochromatosis
- Known hypersensitivity to IV or IM iron (discuss choice of IV iron preparation and indication with an expert such as haematologist, nephrologist, gastroenterologist or other specialist)

#### Previous IM or IV iron NONE

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#### Precautions

- 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 or atopic allergies, consider in hospital use – seek expert advice
- In pregnancy seek expert advice re risks / benefits, administer in hospital & avoid in first trimester
- Not recommended in children under 14 years - seek expert advice
- Paravenous leakage may cause permanent skin staining

See PI re lactation, fertility & sodium content

- IV iron can cause hypersensitivity reactions (including anaphylactoid), which may be fatal & can occur after previous uneventful doses. **Cardiopulmonary resuscitation facilities MUST be available.** Stop immediately if signs of allergy or intolerance. Observe for at least 30 min post infusion.
- Regular monitoring of FBE & ferritin for recurrent iron deficiency and iron overload is required. Assess underlying cause in ALL patients – refer to *Clinical Update on Iron Deficiency Anaemia MJA 2010*.
- Always consult full product information of IV iron product to be used, seek expert advice when required.

- Patient LEAFLET on IV iron given ([www.sahealth.sa.gov.au/bloodsafe](http://www.sahealth.sa.gov.au/bloodsafe))

#### Completing MO

Name: .....Mobile/Pager: .....

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