

Intravenous Iron Infusion Policy

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Policy

All iron infusions (as iron polymaltose or ferric carboxymaltose) will be prescribed on one of the approved prescription forms. Iron infusions must be administered in an environment where appropriate monitoring can occur.

Scope/Audience

Medical practitioners/Prescribers, Nursing/Midwifery staff with the appropriate level of IV certification

Associated documents

[Red Book](#) – Parental Iron and Complications

Intravenous Iron Prescription forms

- Adult Intravenous Iron **Outpatient** Protocol C260123
- Adult Intravenous Iron **Inpatient** Protocol C260124
- Paediatrics 500mL C260078 ref 2598 or 250 mL C260079 ref 2600
- Obstetric Intravenous Iron Infusion Prescription (Antenatal & Postnatal) C260133

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Indications for use

Iron deficiency anaemia (if oral iron is insufficient or not tolerated), functional iron deficiency/anaemia of chronic disease, or to replenish iron stores after acute blood loss.

Contraindications

- Hypersensitivity to iron polymaltose or ferric carboxymaltose
- Anaemia not caused by simple iron deficiency (unless on consultant advice)
- Iron overload (e.g. haemochromatosis, haemosiderosis)
- Osler-Weber-Rendu syndrome
- During the first trimester of pregnancy

Precautions (discuss with consultant before prescribing)

- Hepatic dysfunction
- Severe asthma/eczema/atopy
- Known hypersensitivity to any iron preparation

Adverse Drug Reactions

- Severe reactions are RARE with modern low molecular weight iron preparations.
- Patients should be informed that administration of parenteral iron might, in rare cases, be associated with allergic reactions including anaphylaxis.
- Call clinical emergency
- Refer to Adverse Reactions policy on post procedures
- Extravasation can cause permanent skin staining - use a large vein and monitor leuc site during infusion.
- Iron polymaltose can cause an acute free iron reaction with chest pain, myalgia, arthralgia and fever during the infusion. This is not an allergic reaction and can generally be managed by slowing the infusion rate (refer to iron polymaltose protocol).

Monitoring

Early detection of possible reactions and adjustment of dose rate and/or medical treatment may prevent the patient from having a severe reaction. Monitoring will be undertaken as per protocol.

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Measurement/Evaluation

Adverse reactions will be monitored via Pharmacy and CARM.

Audits will be undertaken to ensure dosing and testing regimes are updated as clinically indicated, with updates to the infusion protocols as required.

Policy Owner	CDHB Clinicians involved in IV iron infusions/ Medicines Advisory Committee
Policy Authoriser	Chief Medical Officer & Executive Director of Nursing
Date of Authorisation	15 December 2015

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