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 & frequency (eg. to alternate daily)
- ☐ Demonstrated non-compliance with oral iron
- ☐ Demonstrated lack of efficacy with therapeutic doses of oral iron: 100 – 200 mg of elemental iron per day eg. 1 or 2 tablets a day of Ferro-tab, Ferro-f-tab, Ferrograd, Fefol, FGF or Maltofer or equivalent)
- ☐ 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)

Details re indication:

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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: discuss indication, alternatives & choice of IV iron preparation (if indicated) 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 (risks, benefits, timing, fetal monitoring); avoid in 1st trimester; give in hospital
- ☐ Not recommended in children: refer to product's PI, health service guidelines & seek expert paediatric advice
- ☐ Avoid paravenous leakage which may cause irritation and potentially permanent brown skin staining. Distant skin discolouration has also been reported.
- ☐ IV iron (particularly ferric carboxymaltose) can cause hypophosphataemia - see PI for precautions / risks

See product's PI for other precautions such as lactation, fertility, inflammatory disease, effects on lab tests

• 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. **Cardiopulmonary resuscitation facilities & trained staff MUST be available.** STOP immediately if signs of allergy, intolerance or paravenous leakage. Observe for at least 30 min after each administration.

• Regular monitoring of FBE & iron studies for recurrent iron deficiency & for iron overload is required. Assess underlying cause in ALL patients – *refer to Clinical Update on Iron Deficiency Anaemia MJA 2010.*

• ALWAYS consult the product's full PI for further details & updates, seek expert advice when required.

☐ **Patient IV iron LEAFLET given** www.sahealth.sa.gov.au/bloodsafe or other…….....

Completing MO

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

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