

# **Nurse Led iron Infusion** **service referral Pthway**

**Date of Infusion.....**



**Referral For IV iron Infusion**

**Patient Name .....**

**Patient DOB.....**

**Patient Hospital Number.....**

**Name of referring Physician**

.....

**All referrals to be vetted prior to booking by CNS Stacey  
Ward or Anna Hill extension 4432**

**If patient are receiving IV iron for the 1<sup>st</sup> time Dr Kapur to  
review.**

**Allergies**

<b>Date</b>			
<b>HB</b>			
<b>MCV</b>			
<b>MCH</b>			
<b>Iron</b>			
<b>Transferrin</b>			
<b>Transferrin Saturation</b>			
<b>Ferritin</b>			
<b>Weight in KG</b>			

**Has Iron deficiency anaemia previously been investigated?**

**Reason for IDA known?**

**Has the patient been given oral iron?**

**Why Is the patient been referred for IV iron?**

**Has the patient previously had IV iron?**

**Any other relevant information:**

### PGD Guidance for Ferinject

<b>Weight (kg)</b>		
<b>Date</b>	<b>HB (G/L)</b>	
<b>Range (g/l) Male (132-169 )</b>		<b>Female (119-149)</b>
<b>Date</b>	<b>Ferritin (ng/ml)</b>	
	<b>Range (22 -322)</b>	

#### Infusion fluid Volume

HB (g/ L)	Body Weight (35kg to 50 kg)	Body Weight 50kg to 70 kg)	Body weight > 70kg	Dose of Ferinject	Volume of sodium chloride 0.9%
< 100	20mg / kg	*1500mg  (2 separate doses)	• 2000mg  (2 separate doses)	< 500mg	100ml
100 to <140		1000mg	• 1500mg  • (2 separate doses)	< 1000mg	250ml
> 140	500mg	500mg	500mg		



**Note if patient is below 35 kg max 500mg as a one of dose**

<b>1st</b>	<b>Ferinject</b>	<b>Sodium Chloride 0.9%</b> .....ml	<b>Over 15 minutes</b>	<b>Signed/given as per PGD</b> .....
<b>2nd</b>	<b>Ferinject</b>	<b>Sodium Chloride 0.9%</b> .....ml	<b>Over 15 minutes</b>	<b>Signed / given as per PGD</b> .....

*The maximum single dose of ferinject that may be administered is 100mg or 20mg iron /kg body weight(for administration by intravenous infusion)*

*Further infusions to be complete total dose must be administered at least 7 days apart*

***Clinical observations to be monitored:***

***BP / PULSE/ TEMPERATURE/ RESPIRATORY RATE/ OXYGEN SATURATION***

<b>Infusion</b>  <b>1</b>	<b>Pre infusion</b>
	<b>During infusion</b>
	<b>Post infusion</b>

<b>Infusion</b>  2	<b>Pre infusion</b>
	<b>During infusion</b>
	<b>Post infusion</b>

**Please insure patient go home with a blood form for bloods to be carried out in primary care 1 month after iv iron infusion. Then 3 monthly for the next 12 month.**