Brockville General Hospital

IRON INFUSION
AMBULATORY PROGRAM ORDER SET

As of January 2022

PATIENT INFORMATION

Allergies: ☐ NKA or _____

Weight (Kg): _____

Provider Name (please print): _____

Required Criteria for Adult Outpatient Administration of Intravenous Iron

The following criteria must be met, check all that apply.

☐ Diagnosis of iron deficiency anemia: Hemoglobin (Hgb) level less than 120 g/L in females or less than 130 g/L in males (For pregnant women, refer to Figure 1 at the back of page 1)-(attach labs if not completed at BGH)

AND

☐ Low iron stores as demonstrated by: transferrin saturation (TSAT) less than 20% (0.20) AND/OR ferritin less than 15 mcg/L (attach labs if not completed at BGH)

OR

☐ Anemia with chronic kidney disease: TSAT less than 24% (0.24)

AND

☐ Documented intolerance/inadequate response to appropriate trial of oral therapy OR inability to absorb oral iron.

OR

☐ Insufficient time (4 weeks or less) to evaluate efficacy of oral therapy for upcoming procedure (e.g. prior to surgery)

Referring Physician/MRP Must Complete the Following Prior to Appointment Being Booked:

☐ Patient is receiving Iron as an adjunct therapy to an insured hospital service

OR

☐ Provide patient with prescription for Iron Sucrose or Iron Isomaltoside and instruct to bring medication to appointment.

☐ ODB coverage. Prescriber to complete ODB Exceptional Access Program Request for IV Iron Sucrose (http://www.health.gov.on.ca/en/pro/programs/sadie/default.aspx)

If patient Is denied ODB coverage and/or does not have third party coverage please contact the Manager of the Ambulatory Program at 613 345 5649 ext. 51261

Medication Orders:

Note if more than a course of therapy is needed (based on maximum dose), after completion of the course of therapy a new order must be submitted with new blood work meeting the above criteria.

*** All iron doses expressed as elemental iron***

IRON ISOMALTOSIDE : (See dosing chart below)

For Patients with iron deficiency anemia related to other causes other than renal		
Hgb (g/dL)	**Dose for weight less than 70 Kg**	**Dose for weight 70 Kg and above**
10 and greater	**1000 mg**	**1500 mg**
Less than 10	**1500 mg**	**2000 mg**

For Patients with chronic kidney disease (Ganzoni formula):

Total iron need (mg) = body weight [a] (Kg) x [target Hgb [b] – actual Hgb (g/dL) x 2.4] + iron stores (mg)[c]

a: Use ideal body weight for obese patients (i.e. BMI above 30 Kg/m^2)

b:Target Hgb is 15 g/dL but a lower value may be used based on clinical judgement

c: The iron stores vary from 500 mg to 1000 or use 10 to 15 mg iron/kg body weight

Calculated Iron Isomaltoside Total dose (1 course) _____ mg

The cumulative dose can be given as a single IV infusion not exceeding 20 mg/Kg or 1500 mg whichever is lower. If the total cumulative dose exceeds these limits, divide in 2 doses by administering the maximum allowable dose in the 1st administration, if feasible, administer the 2 doses at least one week apart.

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☐ **Iron Isomaltoside 1000 mg** in 100 mL normal saline IV, infuse at a max rate of 50 mg/min x 1 dose **OR**

☐ **Iron Isomaltoside 1500 mg** in 250 mL normal saline IV, infuse at a max rate of 50 mg/min x 1 dose **OR**

☐ **Iron Isomaltoside** _____ mg in normal saline IV, infuse at a max rate of 50mg/min in divided dose at least one week apart. (Maximum allowable dose will be administered in first visit) as per dosing chart. **OR**

☐ For fluid restricted patients**,** give **Iron Isomaltoside** _____ mg in 100 mL normal saline IV x 1 dose at a max rate of 50 mg/min.

Iron Sucrose

☐ **Iron sucrose** 300 mg in 250 mL normal saline IV infused over 1.5 hours every ____ days x ____ doses

OR

☐ **Iron sucrose** _____mg IV in normal saline at a max rate of 140 mg/hr every _____ days times _____ doses

Maximum total cumulative dose 1000 mg elemental iron administered in 14 days

Maximum single dose to be given at a time is 500 mg

Patients weighing less than 70 kg may require a longer infusion time

Maximum 6 doses per course/New order will be required each course

Patient Monitoring

☒ Vital Signs pre-infusion and q1h during and at least 30 minutes after infusion and PRN

☒ Hold IV Iron if patient's temperature is above or equal to 37.8 degrees Celsius

Management of Adverse effects

☒ **If Adverse Reaction (hypotensive reaction-SBP drop of 25 mmHg, phlebitis and venous spasm, abdominal cramps, leg cramps, nausea, diarrhea)**

☒ Hold infusion x 30 minutes

☐ acetaminophen 325 to 650 mg PO q4h PRN

☒ If symptoms improve resume infusion at half previous rate

☐ If symptoms persist, give 500 mL normal saline bolus and call physician

☒ If symptoms persist, call physician

If Adverse Reaction (anaphylaxis)

☒ Stop infusion immediately

☒ Notify MD

☒ Start O_2 at 35 to 50% by mask

☒ diphenhydr**AMINE** 50 mg IV STAT

☒ **EPINEPH**rine (1 mg/mL) 0.5 mL Subcutaneous STAT

Additional Orders

Date (yyyy/mm/dd):	**Time:**	**Provider Name (please print):** **Provider Signature:**
Date (yyyy/mm/dd):	**Time:**	**Transcriber Name (please print):** **Transcriber Signature:**

PATIENT INFORMATION

References:
[1] Iron isomaltoside and iron sucrose. The Ottawa Hospital Parenteral Drug Therapy Manual- 40th Edition, 2020
[2] KDIGO. Anemia in CKD [Internet]. Kidney Disease Improving Global Outcomes (KDIGO); 2012 [cited 2019 May 20]. Available from: https://kdigo.org/guidelines/anemiain-ckd/
[3] Iron sucrose product monograph
[4] Iron isomaltoside. UpToDate Accessed on Sept 22nd 2020

FIGURE 1: Algorithm for Iron Deficiency Anemia in Pregnant Women