

## Intravenous Iron Proforma for FERINJECT

Location: \_\_\_\_\_

The following must be completed:

Weight (kg): \_\_\_\_\_

Haemoglobin (g/L): \_\_\_\_\_

Ferritin/Transferrin Sats: \_\_\_\_\_

Hospital no: \_\_\_\_\_

NHS no: \_\_\_\_\_

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

Gender: \_\_\_\_\_ D.o.B: \_\_/\_\_/\_\_\_\_

**NB:** Ferinject is reserved for administration in special circumstances, these are principally decompensated cirrhosis and heart failure. If these circumstances do not apply then Ferric Derimaltose (formerly Monofer) or Cosmofer are preferred.

**DRUG ALLERGIES & SENSITIVITY** Yes  None known:

If yes, please specify drugs and give details of reaction:

### CONTRAINDICATIONS

Hypersensitivity to parental iron

Non-iron deficiency anaemia

Iron overload or disturbances in the utilisation of iron

### CAUTION

Decompensated liver disease (seek senior approval).  
Increased risk of hypersensitivity reactions in the following groups. **Please tick**

- |   |  |
|---|--|
| <input type="checkbox"/> Known drug allergies           | <input type="checkbox"/> Acute or chronic infection        |
| <input type="checkbox"/> Severe asthma                  | <input type="checkbox"/> Immune or inflammatory conditions |
| <input type="checkbox"/> Eczema or other atopic allergy |  |

**EVERY PATIENT MUST BE OBSERVED FOR ADVERSE EFFECTS FOR AT LEAST 30 MINUTES FOLLOWING EACH IRON INFUSION.** If hypersensitivity reactions or intolerance occur during administration, the infusion should be stopped immediately and appropriate management initiated.

### DOSE CALCULATION

**Body weight (kg)** \_\_\_\_\_

Use ideal body weight for obese patients and pre-pregnancy weight for pregnant women:  
ideal body weight = (height in metres)<sup>2</sup> BMI>30 x 25.

#### 1. SIMPLIFIED METHOD: FERINJECT

Hb (g/L)	Body weight <35kg	Body weight 35 kg to <70 kg	Body weight ≥70 kg
≥100	30mg/kg body weight	1500mg	2000mg
<140	15mg/kg body weight	1000mg	1500mg
≥140	15mg/kg bpdy weight	500mg	500mg

**Maximum dosing:**

- A single Ferinject administration must not exceed 1,000mg or 15mg iron/kg. If cumulative iron dose exceeds this, the dose must be split into two administrations with an interval of at least one week between doses.
- A cumulative dose of 500 mg should not be exceeded for patients with body weight <50 kg.

**2. GANZONI FORMULA**

Recommended for use in patients who are likely to require individually adjusted dosing such as patients with anorexia nervosa, cachexia, obesity, pregnancy\*\* or anaemia due to bleeding.

<b>Body weight (kg)</b> use ideal body weight if BMI>30	
<b>Actual Hb (g/L)</b>	
<b>Target Hb (g/L)</b> (default Hb target is 150 g/L)	
<b>Target Hb - Actual Hb (g/L)</b>	

**To calculate dose, the following formula should be used (also available on MD Calc):**  
**Iron dose (mg) = Body Weight (kg) x (Target Hb (150) - Actual Hb) x 0.24 + 500mg for iron stores\***

\*For a person with a body weight above 35 kg, the iron stores are 500 mg or above. Round down to nearest vial to avoid wastage.

\*\*Ferinject should not be used during pregnancy unless clearly necessary. The treatment should be confined to second and third trimester provided that the benefits of treatment clearly outweigh the risks to the unborn baby. For guidance on administering iron in obstetrics, please refer to guidance from obstetrician.

**Patient's Full Name:** \_\_\_\_\_ **Trust/NHS No:** \_\_\_\_\_

**IV IRON PRESCRIPTION & ADMINISTRATION**

Date	Time	Infusion fluid	Infusion volume	Additive names and dose	Indication and other information	Infusion rate	Route & line
		Saline 0.9%					IV

Prescriber			Administration and fusion rate check							
Sign	Print or stamp name	Bleep	Start of infusion				End of infusion			
			Date	Time	Given by	Checked by	Date	Time	Removed by	Second check

<b>Ferinject administration</b>	<input type="checkbox"/> 100 to 200mg, give in 50ml saline, over no minimum time. <input type="checkbox"/> 200 to 500mg, give in 100ml saline, over 6 minutes minimum. <input type="checkbox"/> 500 to 1000mg, give in 250ml saline, over 15 minutes minimum.
<b>Fishbane reaction</b>	Fishbane reaction can occur with IV iron infusions. This is characterised by acute chest and back tightness, <u>without</u> accompanying hypotension, wheezing, stridor, or periorbital oedema, usually after test dose. It is easily mistaken for anaphylaxis. If Fishbane reaction occurs stop infusion, give IV paracetamol and restart infusion at slower rate after symptoms have resided.

AS REQUIRED PRESCRIPTION MEDICATION						
<b>PARACETAMOL</b>				Date		
Dose	Route	Max Frequency		Time		
500 mg - 1 g	PO/IV	4-6 hourly				
Start Date	Valid Period	Pharmacy		Dose		
Signature				Route		
Indications/additional instructions Max 4g/24hrs, (<50kg, IV dose=15mg/kg)				Given by		
Mild infusion reaction						
<b>CHLORPHENAMINE</b>				Date		
Dose	Route	Max Frequency		Time		
4 mg	PO	QDS				
Start Date	Valid Period	Pharmacy		Dose		
Signature				Route		
Indications/additional instructions				Given by		
Mild infusion reaction						
<b>CHLORPHENAMINE</b>				Date		
Dose	Route	Max Frequency		Time		
10 mg	IV	STAT				
Start Date	Valid Period	Pharmacy		Dose		
Signature				Route		
Indications/additional instructions Max 40mg/24hrs				Given by		
Moderate infusion reaction						
<b>HYDROCORTISONE</b>				Date		
Dose	Route	Max Frequency		Time		
100 mg	IV	STAT				
Start Date	Valid Period	Pharmacy		Dose		
Signature				Route		
Indications/additional instructions				Given by		
Infusion reaction						