

Intravenous Iron Proforma for FERRIC DERISOMALTOSE & COSMOFER

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: As guidance, Ferric Derisomaltose should be reserved for acute settings where time is critical or patients more at risk of adverse reaction. Cosmofer is lower cost and therefore the first line choice for situations which are not time-critical; for example inpatient wards.

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

Decompensated liver disease (seek senior approval)

CAUTION

Increased risk of hypersensitivity reactions in these 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)² x 25.

1. SIMPLIFIED METHOD: FERRIC DERISOMALTOSE & COSMOFER DOSING

Hb (g/L)	Body weight <50kg	Body weight 50 kg to <70 kg	Body weight ≥70 kg
≥100	500mg	1000mg	1500mg
<100	500mg	1500mg	2000mg

Maximum dosing:

- A single Ferric Derisomaltose/Cosmofer infusion AND total dose per week must not exceed 20mg iron/kg body weight.
- If cumulative iron dose exceeds this, the dose must be split into two administrations with an interval of at least one week between doses. An initial dose of 20mg/kg is recommended for Ferric Derisomaltose/Cosmofer.
- A cumulative dose of 500mg should not be exceeded for patients with body weight <50kg.

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.

Body weight (kg) use ideal body weight if BMI>30	
Actual Hb (g/L)	
Target Hb (g/L) (default Hb target is 150 g/L in the Ganzoni formula)	
Target Hb - Actual Hb (g/L)	

To calculate dose, the following formula should be used (also available on MD Calc):
Iron dose = 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.

**Ferric Derisomaltose & Cosmofer 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

Prescription							
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

Ferric Derisomaltose administration	<input type="checkbox"/> <500mg give in 20ml 0.9% saline over minimum 2 minutes. <input type="checkbox"/> ≤ 1000 mg infuse in 250ml 0.9% saline over minimum 15 minutes. <input type="checkbox"/> >1000 mg infuse in 500ml 0.9% saline over minimum 30 minutes. NB: Minimum concentration is 1mg/ml
Cosmofer administration	<input type="checkbox"/> >500mg give in 500ml of saline over 4-6 hours. The first 25 mg of iron should be infused over a period of 15 minutes. The patient must be kept under close medical observation during this period. If no adverse reactions occur during this time, then the remaining portion of the infusion should be given.
Fishbane reaction	Fishbane reaction can occur with IV iron infusions. This is characterised by acute chest and back tightness, without accompanying hypotension, wheezing, stridor, or periorbital oedema, usually after the test dose. It is easily mistaken for anaphylaxis. Stop infusion, give IV paracetamol and restart infusion at slower rate after symptoms have resided.

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