



University Hospitals
Bristol and Weston
NHS Foundation Trust

Patient information service
Bristol Royal Hospital for Children
Puzzlewood

Intravenous iron for children and young people



What is iron?

Iron is an essential mineral in your body. It forms part of a protein in your red blood cells (called haemoglobin) which carries oxygen around your body.

Lack of iron can lead to anaemia, where there are fewer red blood cells to carry oxygen around the body. Anaemia can cause tiredness, shortness of breath, headaches, and general weakness.

When levels are low, iron can be given as a liquid/tablet to swallow or as an intravenous (IV) infusion. An IV infusion goes through a drip into a vein, usually in your arm or hand.

Why use intravenous iron?

An iron infusion is used when oral supplements or dietary changes aren't working, or if the individual has severe iron deficiency. The aim of this treatment is to restore the level of iron in the body. It will raise levels of iron in the body more quickly than oral medicines and usually with a smaller risk for side effects of the gut.

Intravenous (IV) iron is a dark brown liquid and looks like a blood product because of its colour, but it is not, and therefore it is suitable for those who do not accept blood products due to religious or cultural reasons.

On the day of infusion

- You/your child can eat and drink as normal. Stop all oral iron supplements. Other medication can be taken as normal.
- To ensure cannula insertion is as easy as possible you/your child should dress warmly, and ensure good hydration by drinking plenty and not missing any meals.

How is it given?

A nurse or doctor will insert a cannula (small tube) into a vein, usually in a hand or arm. Local anaesthetic cream or spray can be used to numb the skin first.

The play team can provide support and distraction to make this procedure easier if needed.

The nurse will then attach an infusion line and the bag of iron, which will run through a pump.

The infusion will usually take between 30 to 60 minutes and a nurse will observe throughout.

The nurse will also complete a set of observations (heart rate, blood pressure, oxygen saturations, temperature, and respiratory rate) at the beginning and at the end of the infusion, and 30 minutes after the infusion.

If you/ your child remains well, you should be allowed to go home 30 minutes after the infusion has finished.

Depending on how much iron is required, two infusions may be needed. These would be given at least a week apart.

Possible side effects

IV iron is a safe medication, but like all medicine, intravenous iron can cause some side effects. The most common are usually mild and settle by themselves. They include:

- headaches
- feeling sick or vomiting
- muscle or joint pain
- gut disturbance like diarrhoea or constipation
- changes in taste (usually a metallic taste)
- changes to blood pressure or pulse rate.

A serious, but rare, side effect of an iron infusion is an allergic reaction during or shortly after the infusion.

Please inform the nurse or any healthcare professional present if you/your child experience:

- a rash
- difficulty breathing
- itching
- swelling of the lips, tongue, throat, or body.

If this were to occur, the nurse will stop the iron infusion immediately before assessing the situation. Medications may then be administered to suppress the reaction. For this reason you/your child will be observed throughout the infusion.

If you/your child has had a previous reaction to an iron infusion, or are deemed to be high risk of having a reaction, then medication can be administered before the infusion to reduce the risk.

Skin staining

A rare, but significant side effect, of an iron infusion is permanent staining or discolouration of the skin around the infusion site, or limb. It is rare, but it can happen if the cannula isn't working properly. To prevent this, the nurse will monitor the cannula throughout the infusion.

Please tell the nurse or another healthcare professional if you/your child experience pain around the infusion site, or if there is swelling/bruising as the cannula will need to be checked.

Parents of young children: You can also help to prevent skin staining by encouraging your child to stay relatively still throughout the treatment, to prevent the cannula from dislodging. If necessary a play specialist may be able to help with this.

Ideally a bandage will not be put over the cannula; this is so the nurse can see the site at all times.

After the infusion

We may need to re-check iron levels after the infusion to ensure that it has been effective.

Your doctor may advise you to re-start oral iron after the iron infusion. This should be started at least 5 days after the last infusion.

If any of the above side effects persist and you are concerned, please contact your medical team or, in the case of an emergency, attend the emergency department in your local hospital.

Positive outcomes

Intravenous iron is really beneficial to children and young people with low iron levels. It can improve energy levels, improve concentration, and help you feel more like yourself again.

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: www.uhbw.nhs.uk

Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044.**

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence. **Drinkline on 0300 123 1110.**

For access all patient leaflets and information please go to the following address:
<http://foi.avon.nhs.uk/>

Bristol switchboard: 0117 923 0000

Weston switchboard: 01934 636363

www.uhbw.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print or PDF format, please email patientleaflets@uhbw.nhs.uk.

