Clinical Standard Operating Procedure (SOP)

VENOFER ADMINISTRATION

SETTING Bristol Royal Hospital for Children, Lighthouse Renal Unit

FOR STAFF Clinical Staff competent in administration of intravenous (IV) medication

PATIENTS Paediatric patients under the care of the paediatric renal team

STANDARD OPERATING PROCEDURE

Indications for Practice

- Children with chronic renal failure may require regular infusions of intravenous (IV) iron as per the [redacted]
- Intravenous iron can be administered as Venofer (iron sucrose), Cosmofer (iron dextran) or Monofer (ferric caboxymaltose). Venofer is the current agent of choice for the Bristol Children's Hospital Renal Unit.
- Serious hypersensitivity reactions (including anaphylaxis) are known to occur in patients receiving IV iron. These reactions can occur even if a patient has previously tolerated doses or has received a negative test dose. Therefore, test doses are no longer considered necessary. The likelihood of a reaction is increased in patients with known allergies or co-existing inflammatory or immune/autoimmune conditions.

Administration of Venofer (Intravenous Iron)

- Ensure facilities for cardiopulmonary resuscitation are available (in case of hypersensitivity reaction) before going ahead
- Check patient's allergy status – if the patient has had a previous reaction to IV iron products, confirm that a plan is in place to reduce the risk of another reaction with a member of the medical team before going ahead (e.g. giving at a slower rate or administering pre-medication).
- Check patient's medical history – if the patient has severe asthma, eczema, arthritis, systemic lupus erythematosus or another immune/autoimmune condition, confirm that a plan is in place to reduce the risk of another reaction with a member of the medical team before going ahead (e.g. giving at a slower rate or administering pre-medication).

Equipment required

1. 22g (Blue) needles
2. Vial of Venofer 20mg/ml
3. Hand Gel
4. 30ml luer lock syringe X 2
5. 10 ml luer lock syringe
6. Manometer/infusion line
7. Alcohol wipe (2% chlorhexidine in 70% alcohol)
8. Gloves
9. Sterile field

Administration Procedure

1. Wash and dry hands thoroughly
2. Put apron on
3. Clean area with clinell detergent wipes (0% alcohol and disinfectant)
4. Open sterile field
5. Onto sterile field open needle, syringe, alcohol wipe
6. Beside sterile field open Venofer and clean the top of the vial with alcohol wipe and open sterile water
7. ANTT hand wash
8. Draw up required dose of Venofer and dilute if required as per the prescription. Note: concentration range = 1-20mg/ml.
9. Draw up 5ml 0.9% sodium chloride flush
10. Access IV cannula/HD line as per protocol
11. Rate of administration:
    IV injection or direct injection into the haemodialysis blood circuit: max rate = 20mg(1ml)/minute.
    IV infusion: maximum rate = 6.6mg/minute.
12. Monitor for signs of hypersensitivity throughout infusion and for 30 minutes after the infusion has finished

RELATED DOCUMENTS

Accessing a vascath. [redacted]

www.bnfc.org
MHRA safety update on intravenous iron and serious hypersensitivity reactions - http://www.mhra.gov.uk/home/groups/dsu/documents/publication/con300408.pdf
Medusa Injectables Guide accessed via the intranet:
http://www.injguide.nhs.uk/?ID=7cb63917dffc246335eccf68158f57ee977
Summary of Product Characteristics for Venofer:
http://www.medicines.org.uk/emc/medicine/24168/SPC/Venofer+(iron+sucrose)/

SAFETY The importance of effective hand washing, safety when handling sharps and disposal of fluids.

QUERIES Contact renal unit [redacted] or renal pharmacist bleep [redacted]