Regional Pre-Printed Orders for PARENTERAL IRON
Inpatient and Outpatient – Adult

COMPLETE THE FOLLOWING BOXES WITH VALUES FROM WITHIN PAST 2 MONTHS:

<table>
<thead>
<tr>
<th>Bloodwork Date</th>
<th>Hgb (g/L)</th>
<th>Ferritin (mcg/L)</th>
<th>Iron Saturation (%)</th>
</tr>
</thead>
</table>

SELECT ONE IRON FORMULATION (see reverse for prescribing information):

- iron sucrose
  - intolerance or poor response to oral iron *AND* one of:
    - ferritin less than 50 mcg/L *OR*
    - iron saturation less than 20% *OR*
    - Hgb less than 115 g/L and iron saturation less than 22% in patients with chronic kidney disease including those who are dialysis dependent

- *OR*
  - Hgb less than 110 g/L and insufficient time for oral iron trial (e.g. prior to surgery, transfusion-sparing strategy for acute blood loss)

- iron sucrose 300 mg elemental IV every _______ days x _______ doses
- Other instructions: ___________________________________________________________

ferric derisomaltose (formerly known as iron isomaltoside)

- BC Renal Patients
  - Indications outlined by BC Renal AND patients who are registered with BC Renal
- *OR*
  - Non-BC Renal Patients (ALL of the following restriction criteria must be satisfied):
    - intolerance or poor response to oral iron *OR* gastrointestinal malabsorption syndrome *AND*
    - Hgb less than 110 g/L *AND*
    - ferritin less than 30 mcg/L *OR* ferritin less than 200 mcg/L plus iron saturation less than 20%

- ferric derisomaltose (iron isomaltoside)  □ 500 mg elemental *OR* □ 1000 mg elemental IV x 1 dose
  Complete only if another dose is required:
  - repeat ferric derisomaltose (iron isomaltoside)  □ 500 mg elemental *OR* □ 1000 mg elemental IV in 1 week

FOR HYPERSENSITIVITY AND/OR ANAPHYLAXIS (Orders remain active for 24 hours after all doses of iron given):

  - Stop infusion
  - Notify physician: ____________________________ (name) Contact Number: ____________________________
  - epinephrine 0.5 mg IM to anterolateral thigh Q5MIN PRN x 3 doses for anaphylaxis.
  - hydrocortisone 100 mg IV PRN x 1 dose for anaphylaxis or urticaria
  - diphenhydRAMINE 25 mg PO/IV PRN x 1 dose for urticaria
  - sodium chloride 0.9% 500 mL IV bolus PRN x 1 dose for hypotensive episode (SBP less than 90 mmHg or decrease greater than 30 percent from baseline)

OTHER MEDICATIONS (Order remains active for 24 hours after all doses of iron given):

- acetaminophen 650 mg PO Q4H PRN for pain or headache
- dimenhyDRINATE 25 to 50 mg PO/IV PRN x 1 dose for nausea or vomiting
Oral iron trials

- Aim for 200 mg elemental iron per day and 3 month trial.
- If nausea occurs on daily dosing: reduce dose, trial alternate day dosing or give with food.
- Examples of adequate oral iron trials:
  - 100 to 200 mg elemental iron on an empty stomach for 3 months
  - 100 to 200 mg elemental iron PO QHS every Monday, Wednesday and Friday for 3 months

In pregnant patients

- Consider reassessment of oral iron trial in 4 to 6 weeks
- Consider IV iron if poor response or intolerance to oral iron *AND*
  - Hgb less than 100 g/L *AND*
  - ferritin less than 50 mcg/L
- iron sucrose is preferred in pregnant patients
- Consider consultation with obstetrician

Dosing of ferric derisomaltose (iron isomaltoside)

- Doses estimated utilizing Ganzoni formula assuming:
  - actual body weight is equal to dosing body weight
  - target Hgb 150 g/L (convert Hgb from g/L to g/dL by dividing lab reported value by 10)
  - iron stores repletion 500 mg
- Ganzoni formula:
  \[
  \text{Iron requirement (mg)} = \text{Dosing weight (kg)} \times (15 \text{ g/dL} - \text{lab reported Hgb g/dL}) \times 2.4 + 500 \text{ mg}
  \]
- Maximum recommended single dose is 1000 mg (manufacturer allows single doses up to 20 mg/kg or 1500 mg but these are not as well studied - use caution).
- All doses are listed as elemental iron.

<table>
<thead>
<tr>
<th>wt in kg</th>
<th>Hgb 100 to 109 g/L</th>
<th>Hgb 90 to 99 g/L</th>
<th>Hgb 80 to 89 g/L</th>
<th>Hgb 70 to 79 g/L</th>
<th>Hgb 69 g/L or less</th>
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</thead>
<tbody>
<tr>
<td>less than 50</td>
<td>500 mg IV Q 7 days x 2 doses</td>
<td>500 mg IV Q 7 days x 3 doses</td>
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<tr>
<td>50 to 54</td>
<td>1000 mg IV x 1 dose</td>
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<tr>
<td>55 to 59</td>
<td>1000 mg IV x 1 dose</td>
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<td>1000 mg IV x 1 dose then</td>
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<tr>
<td>60 to 64</td>
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<td></td>
<td>500 mg IV in 7 days</td>
<td>1000 mg IV Q 7 days x 2 doses</td>
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<td>65 to 69</td>
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<td>70 to 74</td>
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<td>75 to 79</td>
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<td>80 to 84</td>
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<td>85 and over</td>
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Frequency of iron infusions:

- iron sucrose: may repeat as required up to a maximum cumulative dose of 1000 mg elemental over a 14 day period (the maximum cumulative dose should be spread out over the 14 day period; repeat dosing on consecutive days is not recommended).
- ferric derisomaltose (iron isomaltoside): separate doses by a minimum of 7 days.

Monitoring response to iron infusions

- Monitor patient’s symptoms, Hgb and ferritin one month or later after infusions. Full Hgb response is evident 2 months after final infusion of the prescribed cumulative dose.
- iron studies done within 1 week of iron administration may lead to falsely elevated results.