Any required out-patient laboratory tests are to be arranged from physician’s office.

Indications for parenteral iron therapy, select one:
- Intolerance to oral iron and/or absorption issues
- Iron deficiency secondary to Chronic Kidney Disease
- Severe iron deficiency
- Other

Relevant patient history:

Physician’s office to send all relevant bloodwork to outpatient department.

- **Iron sucrose dose:**
  - Iron sucrose 100 mg IV - infuse over a minimum of 15 minutes
  - Iron sucrose 200 mg IV - infuse over 1 hour
  - Iron sucrose 300 mg IV - infuse over at least 1.5 hours

- **Frequency and duration of iron sucrose:**
  - one time only
  - once weekly x ______ weeks
  - once monthly x ______ months
  - once every_____ weeks x ____ weeks
  - other

Management of Side Effects:
See PDTM iron sucrose complex monograph for all possible side effects.
For hypotension, severe nausea, vomiting or diarrhea, sudden headache, fever, flushing or malaise, sudden muscular pain and cramps:
- Hold infusion x 30 minutes
- If symptoms improve resume infusion at half previous rate
- If symptoms persist give **sodium chloride** 0.9% 500 mL bolus and call physician

If anaphylactic reaction occurs:
- Stop infusion immediately and call physician
- Initiate O2 by mask 10 to 15 L
- **diphenhydrAMINE** 25 to 50 mg IV x 1 dose
- **epinephrine** 0.5 mg IM STAT
Dosage Guideline:

Usual dose in chronic kidney disease patients:
100 to 300 mg IV administered as a total cumulative dose of 1000 mg over a 14 day period
(e.g. 200 mg for 5 sessions over 14 days)

Hemodialysis patients:
- iron repletion: 100 mg IV twice weekly for five weeks
- iron maintenance: 100 mg IV once or twice monthly

Sourced from Fraser Health PDTM