NHS
Gloucestershire Hospitals
NHS Foundation Trust

Name:	
Date of Birth:	DD / MM / YYYY
MRN Number:	
NHS Number:	
(OR AFFIX HOSPITAL LABEL HERE)	

Parenteral Iron Chart

DRUG AND FOOD ALLERGIES AND SIGNIFICANT ALERTS			
Date	Drug/Food	Reaction Details	Sign
	(If NIL KNOWN tick here, & date & sig) ❑		
	To be completed by nurse/prescriber/ward nurse/ pharmacy staff		

The following MUST be completed

Date	Weight (kg)
Height (cm)	Haemoglobin (g/L)

Consultant	Speciality	Ward/Department

Parenteral Iron Infusion:
Patients must be observed for adverse effects for at least 30 minutes following each infusion.

CONTRAINDICATIONS	PROCEED WITH CAUTION
• Hypersensitivity to parenteral iron • Non-iron deficiency anaemia • Iron overload or disturbances in utilization of iron • Decompensated liver cirrhosis and hepatitis • Acute or chronic infection	Increased risk of hypersensitivity reactions in patients with immune or inflammatory conditions i.e. asthma, rheumatoid arthritis, and atopic allergy.

Ferinject® (ferric carboxymaltose) Dose								
Hb (g/L)	35-39kg	40-49kg	50-59kg	60-69kg	70-79kg	80-89kg	90-99kg	>100kg
<100	700mg	800mg	1,000mg	1,000mg + 500mg*	1,000mg + 1,000mg*	1,000mg + 1,000mg*	1,000mg + 1,000mg*	1,000mg + 1,000mg*
>100	700mg	800mg	1,000mg	1,000mg	1,000mg + 500mg*	1,000mg + 500mg*	1,000mg + 500mg*	1,000mg + 500mg*

*Second dose to be given at least 7 days after the first dose.
A single Ferinject® infusion should not exceed either:
- 20mg/kg, or
- 1,000 mg (max. dose is 1,000 mg per week)

Dilute in 250ml sodium chloride 0.9%. Administration rate = minimum 15 minutes.

Monofer® (ferric derisomaltose) Dose								
Hb (g/L)	35-39kg	40-49kg	50-59kg	60-69kg	70-79kg	80-89kg	90-99kg	>100kg
<100	700mg	800mg	1,000mg	1,200mg	1,400mg	1,600mg	1,800mg	2,000mg
>100	700mg	800mg	1,000mg	1,000mg	1,400mg	1,500mg	1,500mg	1,500mg

A single infusion should not exceed 20mg/kg. Dilute in 250ml sodium chloride 0.9%.
Administration rate:
- Doses up to 1,000 mg = minimum 15 minutes
- Doses exceeding 1,000 mg = minimum 30 minutes

Prescribe parenteral iron here:

Date	Aproved name	Dose	Route	Additional instructions/ Indication	Signature/ Bleep	Given by/ Time	Pharmacy

PRESCRIPTION CHART VALID FOR 6 MONTHS ONLY

As Required Drugs (prescriber to sign all that apply)

Drug (Approved name Please print)	Dose PRN	Max Frequency	Additional Instructions	Start Date	Signature	Bleep	Pharmacy Use	Date	Time	Dose / Route	Sig	Date	Time	Dose / Route	Sig
PARACETAMOL	500mg - 1g	4 Hourly Max. 4g/24hrs	For Mild Infusion Reaction												
		Route: PO/IV													

Drug (Approved name Please print)	Dose PRN	Max Frequency	Additional Instructions	Start Date	Signature	Bleep	Pharmacy Use	Date	Time	Dose / Route	Sig	Date	Time	Dose / Route	Sig
CHLORPHENAMINE	4mg	QDS	For Mild Infusion Reaction												
		Route: PO													

Drug (Approved name Please print)	Dose PRN	Max Frequency	Additional Instructions	Start Date	Signature	Bleep	Pharmacy Use	Date	Time	Dose / Route	Sig	Date	Time	Dose / Route	Sig
CHLORPHENAMINE	5 - 10mg	STAT	For Moderate Infusion Reaction												
		Route: IV													

Drug (Approved name Please print)	Dose PRN	Max Frequency	Additional Instructions	Start Date	Signature	Bleep	Pharmacy Use	Date	Time	Dose / Route	Sig	Date	Time	Dose / Route	Sig
HYDROCORTISONE	100mg	STAT	For Infusion Reaction												
		Route: IV													

Drug (Approved name Please print)	Dose	Max Frequency	Additional Instructions	Date	Time	Dose / Route	Sig	Date	Time	Dose / Route	Sig
SODIUM CHLORIDE 0.9% FLUSH FOR PERIPHERAL VENOUS CANNULA (PVC)	3-5ml 5-10mL to test patency of newly inserted PVC	STAT	As per PGD or patient protocol								
		Route: IV									