

PRACTITIONER PRE-PRINTED ORDERS Intravenous Iron Therapy

To complete the order form, fill in required blanks and/or

check the appropriate boxes. Bulleted items will be initiated automatically. To delete orders, draw one line through the item and initial.				
Allerg	ies: See Allergy / Intolerance Record		Patient Weight Estkg Actualkg	
Posted Initial	ORDERS AND SIGNATURE		Page 1 of 3	
	Diagnostic and Inclusion Criteria (Choose One) □ Iron-deficiency anemia (IDA) in chronic kidney disease, not on in-centre hemodialysis □ IDA in non-renal patients unable to tolerate or absorb oral iron therapy □ All patients who have failed oral iron therapy and: □ Require a surgical procedure at high risk of blood loss AND hemoglobin less than 130g/L □ Pregnant with hemoglobin less than 110g/L □ Signed Blood Products Refusal form □ Inpatients: Post-operative or post-partum hemoglobin between 50-120g/L			
	Investigations or Tests NOTE: If Transferrin Saturation (TSAT) is greater than 50% or ferritin greater than 500mcg/L, notify ordering physician CBC (1 month prior to planned surgery for pre-operative patients) Ferritin if not already done Iron, TIBC if not already done Additional Blood Work for patients receiving Maintenance IV Iron Therapy CBC, Iron and TIBC monthly x3, then q3 months Ferritin q3months at least 1 week after last dose IV iron			
	Consults / Referrals NOTE: For inpatient use only; outpatient facilities to use existing methods of consultation ☐ Gastroenterology ☐ Hematology ☐ Other:			
	 Treatments Initiate 250 mL 0.9% sodium chloride IV at 30 mL/hr 			
	 Observation Refer to Intravenous Iron Therapy Care Plan (RQHR) Baseline vital signs prior to start of iron infusion and Observe peripheral IV site for pain, redness or swelling until infusion complete Observe for signs of allergic reactions (Refer to Appendoses and q15min during infusion, and 30 minutes and properties) 	at end of infusioring prior to initiation	ing infusion and q15-30 minutes 15 minutes after initiation of all	

Date & Time
Practitioner Signature:
Practitioner Name (printed):

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Divisions of Transfusion Medicine, Nephrology and Family Medicine

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Appendix A: Iron Infusion Hypersensitivity Reactions Management Algorithm

Increased risk and/or severity of Reactions

- Previous reaction to IV iron
- History of drug allergy or allergies
- Severe asthma or eczema
- Severe respiratory or cardiac disease
- Systemic inflammatory disease (e.g. Rheumatoid arthritis, lupus)
- Elderly (65 years old and above)
- Pregnancy (first trimester)
- Treatment with beta-blockers, ACE inhibitors
- Mastocytosis (increased mast cells)
- Anxiety

MILD HYPERSENSITIVE REACTION

Itching, flushing, urticaria, sensation of heat, slight chest tightness, hypertension, back/joint pains

MANAGEMENT

- Stop iron infusion for 15 min or more
- Inform MRP
- Monitor pulse, BP, RR, spO2
- Wait and watch for 15 min (progression or resolution of symptoms)

PATIENT WELL

- Restart iron infusion at a reduced rate
- (50%)
- If tolerating well, complete infusion

PATIENT NOT WELL

After 5-10 minutes, or deteriorating

SYMPTOMS RECUR

- Stop iron infusion
- Manage as above
- Document event

MODERATE HYPERSENSITIVE REACTION

Same as **Mild reaction +** transient cough, flushing, chest tightness, nausea, shortness of breath, urticaria, tachycardia, hypotension – (systolic BP drop of 25mmHg or greater)

MANAGEMENT

- Treat as for Mild Reaction AND
- Stop iron infusion
- Inform MRP
- Place in supine position
- O2 by non-rebreather face mask (equal to or greater than 10L/min)
- Consider increasing Volume Load (e.g. Give 300 mL IV NS bolus)
- Consider Hydrocortisone
- Consider Salbutamol

PATIENT NOT WELL After 5-10 minutes, or deteriorating

PATIENT WELL

- Observe for 1-4 hours
- Document event and discharge home if stable
- Consider future treatment strategy

SEVERE/ LIFE THREATENING HYPERSENSITIVE REACTION

Sudden onset and rapid aggravation of symptoms + wheezing/ stridor, periorbital edema, increased pallor and clamminess, cyanosis, loss of consciousness, cardiac/respiratory arrest

MANAGEMENT

- Treat as for Moderate Reaction AND
- Stop iron infusion
- Call CODE Blue/MRP/EMS (911)
- Place in supine position
- O2 by non-rebreather face mask (equal to or greater than 10L/min)
- Consider increasing Volume Load (e.g., Give 300 mL IV NS bolus)
- Hydrocortisone 100 mg IV x 1
- Salbutamol 100 mcg 2 4 puffs by Metered Dose Inhaler (MDI) q15 - 20min X 3 doses
- Epinephrine 1mg/mL or Epipen[®]
 IM STAT (dose per weight)
- ACLS (if necessary)

PATIENT NOT WELL

MRP may consider transfer to higher level of care or intensive care facility

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