

GUIDELINES FOR ADMINISTRATION OF IV IRON POLYMALTOSE IN CHRONIC KIDNEY DISEASE VIA CONTINUOUS INTRAVENOUS INFUSION

DEFINITION / DESCRIPTION

Administration of iron by intravenous infusion.

GOAL

- To resolve iron deficiency.
- To ensure optimal response to erythropoietin therapy by maintaining high iron stores in the body.
- To safely administer intravenous iron 100mg or more.

PERSONNEL ABLE TO PERFORM PROCEDURE

Registered Nurse and/or Medical Officer.

EQUIPMENT

- Iron Polymaltose
- As for intravenous infusion
- **Resuscitation** equipment including:
 - Adrenaline 1:10,000 in 10mls or 1:1000 1 mg/ml {Ready to}
 - Hydrocortisone – shock pack or 100 mg plus diluent {draw up}
 - Promethazine 25mg – 50mg
 - Midazolam 5 mg/ml
- I.V. fluid as ordered by Medical Officer
- I.V. fluid additive label

NOTE: Maximum concentration should not exceed 1000mg in 200ml 0.9% sodium chloride. Patients with renal impairment may require reduced volumes to prevent fluid overload e.g. 500 mg in 200 ml, 1000 mg in 200 ml.

Observe standard precautions throughout the procedure.

KEY POINTS	PROCEDURE
<p>Provide baseline observation.</p> <p>The first 30mins will always be run as a test dose as reactions can still occur in subsequent infusions.</p> <p>First dose of IV Iron Polymaltose</p> <ul style="list-style-type: none"> • 500mg in 200mls 0.9% sodium chloride. Run at 40ml/hr for 30 mins then 80mls/hr for remainder of infusion. • 1000mg in 200mls 0.9% sodium chloride. Run at 20mls/hr for 30 mins then 45mls/hr for remainder of infusion. <p>Subsequent Infusions:</p> <ul style="list-style-type: none"> • 500mg in 200mls 0.9% sodium chloride. Run at 40mls/hr for 30mins then 160mls/hr for remainder of infusion. • 1000mg in 200mls 0.9% sodium chloride. Run at 20mls/hr for 30 mins then 80mls/hr for remainder of infusion. <p>Subsequent infusions following a reaction:</p> <p>Smaller doses can be administered over a reduced time, when a patient has had a reaction to the previous infusion.</p> <ul style="list-style-type: none"> • 100mg in 200mls 0.9% sodium chloride. Run at 20mls/hr, increasing by 10mls every 5mins if the patient does not react. • If patient reacts, STOP infusion until symptoms disappear. Restart infusion at previous rate. <p>Monitor reaction to medication: Headache, hypotension, joint/muscle pain, tachycardia, syncope, nausea and vomiting, circulatory collapse.</p> <p>Delayed reactions may include:</p> <ul style="list-style-type: none"> • Dizziness, syncope, stiffness (myalgia of legs/hands/face) • Chest pain/back pain • Rash. 	<ol style="list-style-type: none"> 1. Explain procedure and reassure patient. 2. Collect equipment. Prepare iron infusion. 3. Take and record baseline observations, then during infusion every 15 minutes for 30 minutes, then hourly until infusion complete. 4. Flush 50ml 0.9% sodium chloride through the infusion set. 5. Monitor reaction to medication 6. Educate patient regarding delayed reactions and notify Dr if concerned, about any ill effects. 7. Complete documentation in Integrated Progress Notes.

- Wait one month to do blood tests for ferritin or iron studies.
- Failure to wait the required time will lead to artificially elevated blood levels.

OUTCOME

- Iron deficiency will be resolved.
- Any adverse reactions are identified and treated promptly e.g. Anaphylaxis.

REFERENCE

Royal Perth Hospital Anaemia Co-ordinator Guidelines for Administration of Iron Polymaltose, March 2002.