

**ROYAL PERTH HOSPITAL**  
**NURSING PRACTICE MANUAL**  
**PROCEDURE**

---

**SUBJECT: IRON THERAPY – CONTINUOUS INTRAVENOUS  
INFUSION**

---

**PURPOSE**

To ensure optimal response to Erythropoietin is achieved by maintaining high iron stores in the body.  
To safely administer intravenous iron, of 200mgs or more as prescribed.

**EQUIPMENT**

Volumentric Infusion Pump  
Infusion Set  
Iron Polymaltose as prescribed  
0.9% sodium chloride 250mls bag  
21 g Needle  
10ml Syringe  
Resuscitation trolley  
IV Additive label  
Isopropyl alcohol 70% and chlorhexidine 1% swab  
0.9% Sodium Chloride 50mls for flush

Ensure drugs for resuscitation are readily available.  
Maximum concentration should not exceed 1000 mg in 250 mls 0.9% sodium chloride

**NB** Observe standard precautions throughout the procedure.

KEY POINTS	PROCEDURE
<p>Provides baseline observation. The first 30 mins of each infusion is run at a test dose in case of reactions.</p> <p><u>First dose of IV Iron Polymaltose</u></p> <ul style="list-style-type: none"><li>500mgs in 250mls sodium chloride 0.9%. Run at 50mls/hr for 30mins then 100mls/hr for remainder of infusion.</li><li>1000mgs in 250mls sodium chloride 0.9%. Run at 25mls/hr for 30 mins then 55mls/hr for remainder of infusion.</li></ul>	<ol style="list-style-type: none"><li>Record patient's temperature, blood pressure, heart rate and respiratory rate, prior to administration.</li><li>Perform correct medication checking procedure as per Administration of medication NPS</li><li>Draw up medication – Iron Polymaltose</li><li>Swab injection port on 0.9% sodium chloride and allow to dry.</li></ol>

**Compiled by:**  
**Revised by:**  
**Endorsed by:**  
**Authorised by:**

J Gobener CNS Renal; R Kovac CNS BMTU May 2001  
J York Anaemia Coordinator Medical Specialties Division 24 September 2007  
Nursing Practice Committee 6<sup>th</sup> July 2006; 25 January 2007, 25<sup>th</sup> September 2007  
Patricia Tibbett Director of Nursing 22<sup>nd</sup> March 2007; 27 September 2007

**ROYAL PERTH HOSPITAL**  
**NURSING PRACTICE MANUAL**  
**PROCEDURE**

**SUBJECT: IRON THERAPY – CONTINUOUS INTRAVENOUS INFUSION**

KEY POINTS	PROCEDURE
<p><u>Subsequent Infusions</u></p> <ul style="list-style-type: none"> <li>• Iron polymaltose 500mgs in 250mls sodium chloride 0.9%. Infuse at 50mls/hr for 30 minutes then 200 mls/hr for remainder of infusion.</li> <li>• Iron polymaltose 1000mgs in 250mls sodium chloride 0.9%. Infuse at 25mls/hr for 30 mins then 110mls/hr for remainder of infusion.</li> </ul> <p>Reactions can occur to iron polymaltose. Monitor the patient for the following: Headache, joint/muscle pain, tachycardia, flushing, syncope, nausea and vomiting, bronchospasm, circulatory collapse.</p> <p>Delayed reactions can occur and medical attention could be necessary.</p> <p>Delayed reactions may include:  Dizziness  Syncope  Stiffness (arms/legs/face)  Chest/Back pain  Rash</p>	<ol style="list-style-type: none"> <li>5. Ensure venous access is patent.</li> <li>6. Add Iron polymaltose using non-touch technique.</li> <li>7. Using infusion set prime the line with medication, insert infusion line into volumetric pump.</li> <li>8. Attach line to patient and commence infusion as per orders.</li> <li>9. Record observations every 15 minutes for 30 minutes and then hourly for the remainder of the infusion and prn.</li> <li>10. Observe for adverse reactions, inform RMO and document in patient's integrated medical notes.</li> <li>11. Activate MET/ Resuscitation as per management of medical emergencies and cardiorespiratory arrest NPS.</li> <li>12. Flush 50ml sodium chloride 0.9% through the infusion set.</li> <li>13. Educate patient regarding delayed reactions that can occur and to notify RMO if concerned.</li> </ol>

**ROYAL PERTH HOSPITAL**  
**NURSING PRACTICE MANUAL**  
**PROCEDURE**

---

**SUBJECT: IRON THERAPY – CONTINUOUS INTRAVENOUS  
INFUSION**

---

**REFERENCES**

Denning, J. A Nurse Led Clinic for Peritoneal Dialysis. Nursing Times March 2000, Volume 96, Number 13, 44-45.

Hossli, S. Developing an Anaemia Management Protocol. Case Study of the Anaemic Patient. ANNA Journal December 1997, Volume 24, Number 6, 678-684.

Robbins, K.C., Kerhulas, S., Senger, J.M., Fishbane, S. Iron Management in ESRD and the Role of the Nephrology Nurse. ANNA Journal April 1997, Volume 24, Number 2.

Sigma product information. Australian Prescription Product Guide 2000. (29<sup>th</sup> Ed). Victoria: Australian Pharmaceutical Publishing Company Ltd.

Vogel, S.C. Parenteral Iron Supplementation in Patients with End Stage Renal Disease. ANNA Journal December 1998, Volume 25, Number 6, 625-230.

**Compiled by:**  
**Revised by:**  
**Endorsed by:**  
**Authorised by:**

J Gobener CNS Renal; R Kovac CNS BMTU May 2001  
J York Anaemia Coordinator Medical Specialties Division 24 September 2007  
Nursing Practice Committee 6<sup>th</sup> July 2006; 25 January 2007, 25<sup>th</sup> September 2007  
Patricia Tibbett Director of Nursing 22<sup>nd</sup> March 2007; 27 September 2007