IV Iron Infusion
Prescribing Checklist (Level 9)

MUST ATTACH PATIENT LABEL HERE

SURNAME: ______________________ NHI: ____________

FIRST NAMES: __________________________________

MUST ATTACH PATIENT LABEL HERE

Best Contact Number for Patient: ______________________________

Patient's Estimated Date of Delivery: ______________________________

IV iron should be prescribed in consultation with a clinician familiar with its use and the relevant indication/patient group

IV may be indicated in patients with confirmed iron deficiency and:

- ☐ Demonstrated intolerance to oral iron
- ☐ Demonstrated non-compliance with oral iron
- ☐ Demonstrated lack of efficacy with oral iron
- ☐ Malabsorption of iron
- ☐ Rapid iron repletion clinically important

Current Oral Dose & Preparation:
____
____

Other relevant details re indication (including nature & urgency of any planned surgery):

____
____
____

- ☐ Patient has read all the information pertaining to IV Iron Infusion
- ☐ Patient consents to a virtual clinic

Contraindications ☐ NONE

- ☐ Anaemia not due to iron deficiency (seek advice if cause of anaemia is unclear)
- ☐ Iron overload or disturbances of iron utilisation including haemochromatosis
- ☐ Pregnancy in first trimester (clinical consultation required)
- ☐ Known hypersensitivity to IV iron (alternate IV iron preparation could be used but only in consultation with a clinician)

Precautions ☐ NONE

- ☐ Significant hepatic dysfunction (discuss with gastroenterologist or maternity physician and detail in referrers comments)
- ☐ Acute or chronic infection (discuss risks / benefits with a clinician); avoid in active systemic infection / bacteraemia
- ☐ Patients with a history of bronchial asthma, eczema or other atopic allergies are more susceptible to allergic reactions and may be a relative CI to IV iron treatment *(Please provide clinical details/severity/medications on referrers notes)*

Known allergies or atopy: ______________________________

Previous IV or IM iron: ☐ Yes ☐ No **Type:** Polymaltose/ Sucrose/ Carboxymaltose/other

Reaction to IV or IM iron: ☐ Yes ☐ No *If Yes, give details of type of iron and reaction:*

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For further information on indications, contraindications, precautions, dosing and infusion times refer to hospital protocols and specific product information. Adapted from IV Iron Prescribing Checklist, BloodSafe, South Australia

IV IRON PRESCRIBING CHECKLIST

CR9048

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SURNAME: ______________________ **NHI:** ____________

FIRST NAMES: ______________________________________

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I V IRON PRESCRIBING CHECKLIST

Patient's Height (cm): ____________________ Patient's Booking Body Weight: ______________________

Hb: ____________ **Ferritin:** _________________

Referrer's Comments:

____

____

____

Referrer's Details

Name: ____ Mobile/Pager: _________________

Signature: ____ Date: _______________________

Clinician's Comments:

____

____

____

Clinician's Details

Name: ____ Mobile/Pager: _________________

Signature: ____ Date: _______________________

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