Standardised Script for Iron Dextran Total Dose Infusion

Name:

Folder number:

DOB:

Gestation:	Height (cm)
Pre-infusion Hb (g/dl):	Booking weight (kg)
Ferritin:	Ideal weight (BMI 25)

Verbal Patient Consent Obtained: I have discussed the indication, benefits, alternative treatment options and potential risks of IV iron therapy with the patient. The patient was given opportunity to ask questions. Verbal consent for IV iron infusion is obtained. .....(Initial)

Iron Dextran Total Dose *See TBH reference table* OR: IV Iron dose (mg) = Weight (use ideal weight if >25) x (Target Hb – Actual Hb) x2.4 + 500mg	☐ Single dose	☐ 1000mg ☐ 1500mg
	☐ Split dose (14 days apart) Total: .....mg	Dose 1:.....mg Dose 2:.....mg

Iron Dextran Infusion instructions:

Dilute prescribed Total dose (TD) iron dextran in 500ml 0.9% NaCl.

Slow phase infusion (25mg over 15min): = 50ml/hr (if TD = 1000mg) OR 33ml/hr (if TD is 1500g)

Maintenance Phase Infusion: Infuse remainder of of solution at 125ml/hr.

Observations: Baseline: BP, Pulse, SpO_2, Temperature (use dedicated observation page)

After slow infusion (15min): Confirm patient asymptomatic, comfortable, normal observations prior to continuing to Maintenance phase. Continue observations every 30min. Repeat at 1hr post-infusion.

Prescribing Doctor Details:

Name:_____ Signature: _____

Persal Number:_____Date Prescribed: _____

Date booked with F2 for Infusion:_____