MEDICAL (non-renal)
Adult FERINJECT prescription and consent form
(ferric carboxymaltose 1000mg of iron in 20mL)

COST CENTRE

❑GI ❑GYNAE/MATERNITY OTHER: _____

LOCATION OF INFUSION

❑DATU ❑AEC OTHER: _____

Weight : kg Allergies:

Name:

Date of Birth: DD / MM / YYYY

Hospital Affix Patient's Label Here Number:

Ward: Consultant:

BLOOD RESULTS:

Haemoglobin < 105 g/L	Ferritin < 15ng/mL	Saturation < 15%	Iron < 11micromol/L

A FERRITIN level of less than 15 ng/mL is highly specific for iron-deficiency anaemia.
A FERRITIN level in the normal range is unlikely to indicate iron-deficiency anaemia without other deranged values.
A high FERRITIN level means iron deficiency is unlikely. Discuss with senior medical staff before considering Ferinject in these patients. Consider if the results might indicate a different deficiency (e.g. Folate or vitamin B12)

DETERMINATION OF TOTAL IRON DOSE:

Haemoglobin (g/L)	Weight	
	35 to 70 kg	70 kg or more
< 100	1000mg + 500 mg ❑	1000 mg + 1000mg ❑
100 to 140	1000 mg ❑	1000 mg + 500 mg ❑

❑ **I confirm that the use of oral iron has been considered and excluded for this patient.**

PRESCRIPTION - WEEK 1 Date __/__/__	
DOSE	.....mg (Max 1000mg)
PRESCRIBER	Sig._____Date: __ / __ / __ PRINT NAME: _____Bleep: _____
PHARMACY	Clinical Disp Accuracy

PRESCRIPTION - WEEK 2 Date __/__/__	
DOSE	.....mg (Max 1000mg)
PRESCRIBER	Sig._____Date: __ / __ / __ PRINT NAME: _____Bleep: _____
PHARMACY	Clinical Disp Accuracy

Give in at least 100mL sodium chloride 0.9% over at least 15 minutes (max. volume 250mL)

ADMINISTRATION WEEK 1 Date __/__/__

SCHEDULE	TIME	PULSE	BP (mmHg)	INFUSION SITE	GIVEN BY (Sig.)	CHECKED BY (Sig.)
0 MINS						
+5 MINS				BN:		
+ 30 MINS				EXP:		

ADMINISTRATION WEEK 2 Date __/__/__

SCHEDULE	TIME	PULSE	BP (mmHg)	INFUSION SITE	GIVEN BY (Sig.)	CHECKED BY (Sig.)
0 MINS						
+5 MINS				BN:		
+ 30 MINS				EXP:		

Only administer by staff trained to evaluate/manage anaphylactic reactions in areas with full resuscitation facilities available

CONTRAINDICATIONS:
- **Hypersensitivity to Ferinject, its excipients or other parenteral iron products**
- **Evidence of iron overload/disturbance of iron utilisation**
- **First trimester of pregnancy**
- **Anaemia not attributed to iron deficiency anaemia**

CAUTIONS:
- **Asthma, eczema, atopic allergies, hepatic impairment**
- **May exacerbate infections**
- **Risk of permanent skin staining-STOP infusion submit yellow card**
- **Acute renal failure - see guidelines for anaemia in patients with CKD (2022)**
- **Hypophosphataemia - osteomalacia and fractures risk with repeated multiple/high doses. Monitor levels in at risk patients**

Restart regular oral iron therapy at least 5 days after last Ferinject dose.
Reassess Hb level no earlier than FOUR weeks after the last Ferinject dose. Consider further doses if necessary.

References:
1. Injectable Medicines Guide - Medusa (2022*). Ferinject IV Monograph version 6* [online] Available at: https://injmed.wales.nhs.uk/IVGuideDisplay.asp[Accessed 29/06/2022].
2. Summary of Product Characteristics (2022).*Ferinject (Ferric Carboxymaltose) (Emc)*. [online] Available at:https://www.medicines.org.uk/emc/product/5910/smpc[Accessed 29/06/2022]

Created by: Pharmacy Dept. Noble's Hospital Issue date: September 2023 Review date: September 2025

INFORMED CONSENT

When you must not be given Ferinject

If you are hypersensitive (allergic) to ferric carboxymaltose or any of the other ingredients of Ferinject
If you are allergic to other parenteral (IV) iron products
If you have anaemia **not** caused by iron deficiency
If you have iron overload (too much iron in your body) or disturbances in utilisation of iron.
If you are under the age of 18 years.
If you are in the first 3 months of pregnancy
If your iron deficiency can be treated with oral iron tablets or liquids instead of into the vein.

How Ferinject is given

By infusion, you may receive up to 20 mL of Ferinject, corresponding to 1000mg of iron, up to once a week directly into the vein. Because Ferinject is diluted with sodium chloride solution for the infusion, it may have a volume of up to 100-250 mL and it will appear as a brown solution.

You will be observed for about 30 minutes by your doctor or nurse after each administration, with your blood pressure and pulse measured during this time.

I understand the benefits and risks of Ferinject iron infusion administration which may include but is not limited to:

- Severe allergy – which in rare cases may be fatal
- Paravenous leakage – leakage of medication at the injection site potentially leading to permanent brown discolouration and irritation to the skin
- Skin irritation
- Headache, dizziness, tachycardia, increased heart rate or blood pressure changes
- Nausea, abdominal pain, constipation, diarrhoea, vomiting
- Minor reactions can occur up to 48 hours after the infusion
- Low phosphate level

Please discuss any questions you may have with a health care professional.

I _____(PRINT NAME) have read and understand the above information provided to me, including the risks of this medication and I consent to Ferinject infusion being administered. I have had an opportunity to discuss this with a health care professional.

SIGNATURE:_____ Date: _____

Health care professional:

PRINT NAME: _____ POSITION: _____

SIGNATURE:_____ Date: _____