


IV INFUSION OF FERROUS CARBOXYMALTOSE (FERINJECT®) FOR HEART FAILURE PATIENTS

Date Ferinject given _____ <div style="text-align: center;">  University Hospitals Sussex NHS Foundation Trust </div>	Affix patient label or enter details Trust ID or NHS number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> Surname (BLOCK LETTERS) First name DoB										

Criteria

**Ejection Fraction ≤ 45% AND Hb >95 – <140 g/l (≥140 – 150g/l at HF consultant request)
AND Ferritin <100 ug/ml or 100-300 ug/ml plus transferrin % saturation <20%**

IV Infusion Administration of Ferrous Carboxymaltose (Ferinject®)

CPR equipment must available when administering as allergic or anaphylactic reactions and hypotensive episodes may occur (prescribe adrenaline, hydrocortisone and chlorpheniramine in case needed – see below).

After infusion extend and elevate patient's arm and apply pressure for at least 5 minutes to avoid leakage which can lead to inflammation, necrosis or sterile abscesses and discolouration of skin.

Hb _____ g/dl Ferritin _____ ug/l Transferrin Saturation _____ %

Dose (Hb > 95- <140g/l) 15mg/kg _____ (maximum dose 1000mg) Patient Weight _____ (kg)
 For patients > 66kg dose =1000mg. For patients ≤66kg round down to the nearest 100mg dose

Dose (Hb ≥140-150g/l) 500mg

Drug	Dose	Administration	Prescriber sign+print name	Time Given	Given by sign print name	Checked by sign+ print mane
as required medication for management of allergic/anaphylactic reactions						
Adrenaline 1 in 1000 (1mg in 1ml)	500 micrograms	IM injection (max 2 doses 5 minutes apart)				
Hydrocortisone IV	100mg	IV injection				
Chlorphenamine IV	10mg	IV injection				
ferrous carboxymaltose (Ferinject®) infusion						
Ferric Carboxymaltose	dose *	over 15 minutes				

*Add to 250mls of sodium chloride 0.9% and administer over 15 minutes via a volumetric pump.

Patients should be closely monitored for signs of hypersensitivity during and for at least 30 minutes after every administration of an IV iron product

**Patients will be given a blood form to have FBC, Ferritin and
Transferrin % saturation to be re-tested 3 months after Ferinject treatment**

File in the patient's medical records.

VERSION 9 updated by Alison Warren Consultant Pharmacist Cardiology, Dr Susan Ellery HF Consultant. February 2023
 Approved by MGC MAY 2023

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FULL PRESCRIBING DETAILS CAN BE FOUND AT www.medicines.org.uk/emc

PTO

MONTH YEAR	DATE TIME						DATE TIME
A+B Respirations Breaths/min	≥25					3	≥25
	21–24					2	21–24
	18–20						18–20
	15–17						15–17
	12–14						12–14
	9–11					1	9–11
≤8					3	≤8	
A+B SpO ₂ Scale 1 Oxygen saturation (%)	≥96					1	≥96
	94–95					2	94–95
	92–93					3	92–93
	≤91					3	≤91
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure <small>* ONLY use Scale 2 under the direction of a consultant or Registrar.</small>	≥97 on O ₂					3	≥97 on O ₂
	95–96 on O ₂					2	95–96 on O ₂
	93–94 on O ₂					1	93–94 on O ₂
	≥93 on air						≥93 on air
	88–92						88–92
	86–87					1	86–87
	84–85					2	84–85
≤83%					3	≤83%	
Air or oxygen?	A=Air						A=Air
	O ₂ L/min					2	O ₂ L/min
	Device						Device
C Blood pressure mmHg Score uses systolic BP only	≥220					3	≥220
	201–219						201–219
	181–200						181–200
	161–180						161–180
	141–160						141–160
	121–140						121–140
	111–120						111–120
	101–110					1	101–110
	91–100					2	91–100
	81–90						81–90
	71–80						71–80
	61–70					3	61–70
	51–60						51–60
≤50						≤50	
C Pulse Beats/min	≥131					3	≥131
	121–130					2	121–130
	111–120						111–120
	101–110					1	101–110
	91–100						91–100
	81–90						81–90
	71–80						71–80
	61–70						61–70
	51–60						51–60
	41–50					1	41–50
	31–40					3	31–40
	≤30						≤30
	D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert					
Confusion						3	Confusion
V							V
P							P
U							U
E Temperature °C	≥39.1*					2	≥39.1*
	38.1–39.0*					1	38.1–39.0*
	37.1–38.0*						37.1–38.0*
	36.1–37.0*						36.1–37.0*
	35.1–36.0*					1	35.1–36.0*
≤35.0*					3	≤35.0*	
NEWS TOTAL							TOTAL
Monitoring frequency							Monitoring
Escalation of care Y/N							Escalation
Blood Glucose							Blood G.
Pain score 0-10							Pain score
Initials							Initials
Designation							Designation

Record observations prior and post infusion, more if clinically indicated

DISCHARGE CHECK LIST

	YES	NO	N/A
Cannula removed			
Stable for 30 minutes following infusion			
Blood form given to the patient for FBC, ferritin and transferrin % saturations checked at 3 months			

VARIANCE

DATE		SIGN

SIGN _____

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