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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Affix patient label or enter details:*  Trust ID No or NHS number   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | Consultant:  Allergies::…………………………………… Reaction:………………………………..  Weight:……………Kg Height:…………… cm BMI:……………m2  Hb:…………… g/L  Transferrin sats:……………%  Target Hb::……………g/L  Ferritin:……………ng/Ml |
| Surname (BLOCK LETTERS):  First name:  D.O.B.: |

**ADMINISTRATION OF INTRAVENOUS IRON (ferric derisomaltose Pharmacosmos) AND DARBEPOETIN FOR TREATMENT OF PREOPERATIVE ANAEMIA IN CARDIAC SURGERY PATIENTS**

Ferric derisolmaltose is reserved for use when oral iron preparations cannot be used, are ineffective or where there is a clinical need to deliver iron rapidly. The diagnosis must be based on laboratory tests.

Administration of darbepoetin in this setting is unlicensed however is safe and effective for treatment of anaemia when combined with intravenous iron in patients **undergoing cardiac surgery**.

This proforma is for patients **undergoing cardiac surgery** only and **EXCLUDES** paediatric, heart failure and pregnant patients. Please refer to the separate speciality guidelines and proformas for these patient groups.

**Ferric derisomaltose dosing (for cardiac surgery patients only):**

* Standard dose = 1000mg IV
* **Maximum single dose is 20mg/kg**
* If the total iron dose exceeds 20mg iron/kg (i.e. if patient <50kg) the dose must be split into two administrations with an interval of at least one week between doses. Dependent on clinical judgement, the second administration could await follow-up laboratory tests
* Please use Ideal Body Weight (IBW) for patients who are obese (BMI ≥ 30) to avoid overestimating iron requirements
* Patients with anorexia nervosa, cachexia or anaemia due to bleeding require individually adjusted dosing; please refer to the Ganzoni formula in the ferric derisomaltose SPC to determine

FULL PRESCRIBING INFORMATION INCLUDING, THE GANZONI FORMULA AND CONTRA-INDICATIONS/CAUTIONS, CAN BE FOUND IN THE PRODUCT LITERATURE at [www.medicines.org.uk/emc](http://www.medicines.org.uk/emc)

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| Bloods, including haematinics, should be reassessed no earlier than 4 weeks after administration of ferric derisomaltose |

**Table 1: Dilution and administration plan for IV infusion (do not dilute to <1mg/mL)**

|  |  |  |
| --- | --- | --- |
| Ferric derisomaltose Dose | Intravenous infusion in Sodium Chloride 0.9% | Administration time |
| ≤ 1000mg | 250ml | >15 minutes |

**Darbepoetin dosing:**

One off STAT dose of **200microgram** via subcutaneous injection

**INSTRUCTIONS**

See prescription template below for administration schedule.

**Adverse reactions**

* Cardio-pulmonary resuscitation equipment **MUST** be available when administering as allergic or anaphylactic reactions may occur
* Prescribe adrenaline, IV fluids and high flow oxygen in case needed
* Allergy risk is present even if previous administration has been uneventful
* Patients should be closely monitored and observed for signs of hypersensitivity both during the   
  infusion and for at least 30 minutes after completion of administration
* Monitor blood pressure and pulse
* See table 2 for management of infusion reactions

**Table 2: Management of Infusion Reaction**

|  |  |  |
| --- | --- | --- |
| **Reaction** | **Management** | **Communication** |
| Allergic or anaphylactic reactions characterised by sudden onset of respiratory difficulty with or without cardiovascular collapse | * Stop infusion immediately * Oxygen, adrenaline and IV fluids ‘as required’ should be administered * If no improvement after 2 doses IM adrenaline follow REFRACTORY anaphylaxis algorithm | Get team support  Alert doctor immediately (put out MET call) |
| Urticaria, rashes, itching, nausea and shivering | * Stop infusion immediately | Get team support |

* After the 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 permanent discolouration of skin
* Corticosteroids (hydrocortisone) and antihistamines are no longer advised for routine emergency treatment of anaphylaxis, however non-sedating antihistamines (in preference to chlorphenamine) may be given following initial stabilisation especially in patients with persisting skin symptoms (urticarial/angioedema)

**PRESCRIPTION PROFORMA** – complete / add to notes once administered & prescribe on EPMA if applicable

**AS REQUIRED medication for management of allergic/anaphylactic reactions (see table 2)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Drug** | **Dose** | **Route** | **Prescriber Signature** | **Time Administered** | **Administered By** | **Checked by** |
|  | **Adrenaline 1:1000**  **1mg in 1ml** | 500 micrograms (0.5mL) | IM Injection (repeated at 5 minute intervals according to response).  **Maximum 2 doses** |  |  |  |  |
|  | **High flow oxygen** |  |  |  |  |  |  |
|  | **IV fluid bolus (crystalloid)** | 500-1000mL | IV |  |  |  |  |

**Dosing table (for cardiac surgery patients only):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Drug** | **Dose (see table 1)** | **Route** | **Administration time** | **Prescriber (name/signature and bleep)** | **Time administered** | **Administered by** | **Checked by** | **Pharmacy** |
|  | **Ferric Derisomaltose**  **(maximum 20mg/kg per dose)** | *Week 1:*  1000mg (unless <50kg) | **IV** |  |  |  |  |  |  |
|  | *Week 2:* (at least 1 week apart from first infusion)  …………………… | **IV** |  |  |  |  |  |  |
|  | **Darbepoetin Aranesp ®** | 200micrograms | **Sub/Cut** |  |  |  |  |  |  |