**Administration of Ferric Derisomaltose for Iron Deficiency Anaemia UHSussex Guideline & Proforma**

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

This proforma EXCLUDES paediatric, heart failure and pregnant patients. Please refer to the separate specialty guidelines and proformas for these patient groups.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Affix patient label or enter details:*Trust ID No or NHS number

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 | Consultant:Allergies:…………………………………………….Reaction:………………………………..Weight:……………Kg Height:…………… cm BMI:……………m2Ideal Body Weight:…………..KgHb:…………… g/L Target Hb::……………g/LTransferrin sats:……………% Ferritin:……………ng/Ml |
| Surname (BLOCK LETTERS):First name:D.O.B.: |

**Contraindications:**

* Hypersensitivity to the active substance, to Ferric Derisomaltose or any of its excipients
* Known serious hypersensitivity to other parenteral iron products
* Non-iron deficiency anaemia (e.g. haemolytic anaemia)
* Iron overload or disturbances in utilisation of iron (e.g. haemochromatosis, haemosiderosis)
* Decompensated liver disease

**Special warnings and precautions for use:**

* Patients with severe asthma, eczema and atopic allergy
* Prescribe adrenaline, IV fluids (sodium chloride 0.9% or Hartmann) and high flow oxygen in case needed
* IV iron must not be used with oral iron – oral iron should be stopped before the IV infusion and can be (re)started 7 days after the infusion
* Ferric Derisomaltose should not be used in patients with ongoing bacteraemia

**Adverse reactions:**

* Cardio-pulmonary resuscitation MUST be available when administering IV Ferric Derisomaltose as allergic or anaphylactic reaction might occur.
* Observe patient for adverse effects for the duration of the infusion and for at least 30minutes following each Ferric Derisomaltose injection.
* 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.

|  |  |  |
| --- | --- | --- |
| Reaction | Management | Communication  |
| Allergic or anaphylactic reactions characterised by sudden onset of respiratory difficulty with or without cardiovascular collapse. | **STOP INFUSION IMMEDIATELY**Adrenaline, IV fluids and high flow oxygen should be administered**.** | Get team support and contact a doctor immediately.* If at RSCH/PRH 🡪 put out MET call
* If in Satellite Unit 🡪 call an ambulance
 |
| Urticarial, rashes, itching, nausea and shivering. | **STOP INFUSION IMMEDIATELY**Monitor the patient closely. | If symptoms deteriorate contact a member of the medical team. |

**Dosing:**

* Use the simplified table below to calculate iron need. Dose is based on patient’s body weight and Hb level.
* Use Ideal Body Weight (IBW) for patients who are obese (BMI ≥ 30) to avoid overestimating iron requirements.

For IBW calculation follow this link [Microguide](https://viewer.microguide.global/guide/1000000061) and then press on CALCULATORS on the top left corner.

* Patient with anorexia nervosa, cachexia or anaemia due to bleeding require individually adjusted dosing; refer to the Ganzoni formula in the Ferric Derisomaltose SPC to determine the dose.

|  |  |  |  |
| --- | --- | --- | --- |
| Hb (g/L) | Patients with body weight <50kg | Patients with body weight between 50kg and 70kg (if obese, use IBW) | Patients with body weight ≥70kg (if obese use IBW) |
| ≥100 | 500mg | 1000mg | 1500mg |
| <100 | 500mg | 1500mg | 2000mg |

**Maximum total weekly dose single dose is 20mg/kg**

If the total iron dose exceeds 20mg/kg the dose must be split into two administrations with an interval of at least one week between doses. Dependant on clinical judgement the second administration could await follow-up laboratory tests (i.e. 4 weeks).

**Administration as IV infusion – do not dilute to less than 1mg/mL**

|  |  |  |
| --- | --- | --- |
| Ferric Derisomaltose dose | Dilution volume of Sodium Chloride 0.9% | Administration time |
| ≤ 1000mg | 100mL | At least 15minutes |
| >1000mg | 100mL | At least 30minutes |

**Monitoring:**

* Hb should be reassessed no earlier than 4 weeks post final Ferric Derisomaltose administration to allow adequate time for erythropoiesis and iron utilisation.
* Monitor blood pressure and pulse.

**Ferric Derisomaltose prescription**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**  | **Drug**  | **Dose (see table 1)** | **Route**  | **Administration time (see table 2)** | **Prescriber name, signature and contact number** | **Time administered** | **Administered by** | **Checked by** | **Pharmacy** |
|  | **Ferric Derisomaltose** **Maximum 20mg/kg per dose** | Week 1:…………. | **IV** |  |  |  |  |  |  |
|  | Week 2 (at least 1 week apart from first dose)…………. | **IV** |  |  |  |  |  |  |
|  | **Sodium Chloride 0.9%**  | 100mL | **For dilution** |  |  |  |  |  |  |

**AS REQUIRED medication for management of allergic/anaphylactic reactions**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Drug** | **Dose** | **Route** | **Prescriber Signature** | **Time Administered** | **Administered By** | **Checked by** |
|  | **Adrenaline 1:1000** **1mg in 1ml)** | 500 micrograms  | IM Injection (repeated at 5 minute intervals according to response). **Maximum 2 doses** |  |  |  |  |
|  | **IV fluids****Sodium chloride 0.9% or Hartmann’s** | 500-1000mL | **IV**  |  |  |  |  |
|  | **High flow Oxygen**  |  |  |  |  |  |  |