

Ferric Carboxymaltose (Ferinject) Infusion

Checklist

	CHECK LIST	RESPONSE
1.	Baseline Measurements: Weight.....Kg Phosphate.....mmol/L Hb.....g/L. Ferritin..... ug/L	
2.	Is the patient antenatal, postnatal or neither. If antenatal, number of week pregnant (NB IV Ferric Carboxymaltose infusion contraindicated in first trimester)	<input type="checkbox"/> Antenatal <input type="checkbox"/> Postnatal <input type="checkbox"/> Neither
3.	Does the patient meet the criteria for IV iron infusion in the POAC clinical guideline?	Yes / No
4.	Have contraindications been excluded? (See POAC guideline)	Yes / No
5.	Has funded Ferinject infusion been authorised by POAC (see application form)	Yes / No
6.	Is phosphate ≥ 0.8 mmol/L? If not, defer infusion until phosphate normal.	Yes / No
7.	Has patient been informed of potential adverse effects?	Yes / No
8.	Have the patient's questions been answered after they have read the Ferinject Patient Information Sheet?	Yes / No
9.	Has the patient signed the consent form?	Yes / No
10.	Has dose of Ferric Carboxymaltose been calculated using an approved method based on patient's weight and Hb? (Refer to POAC guideline). DO NOT ADMINISTER MORE THAN 1000G PER WEEK	Yes / No