

# Ferric Carboxymaltose (Ferinject) Infusion

## Checklist

|     | CHECK LIST   | RESPONSE   |
|-----|--|--|
| 1.  | Baseline Measurements:<br>Weight.....Kg      Phosphate.....mmol/L<br>Hb.....g/L.      Ferritin..... ug/L<br><br><b>NOTE: if pregnant, enquire on fetal movements. Check fetal heart rate pre and post infusion and document all details in the clinical notes</b>  |  |
| 2.  | Is the patient antenatal, postnatal or neither.<br>If antenatal, number of week pregnant .....<br>(NB IV Ferric Carboxymaltose infusion <b>contraindicated in first trimester</b> )  | <input type="checkbox"/> Antenatal<br><input type="checkbox"/> Postnatal<br><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 $\geq 0.8$ mmol/L?<br>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).<br><br><b>IF MORE THAN 1000MG DOSE REQUIRED ADMINISTER SECOND DOSE AT LEAST SEVEN DAYS (ONE WEEK) AFTER THE FIRST DOSE</b> | Yes / No   |

Ferinject Infusion – Checklist and Patient Consent

# Ferric Carboxymaltose (Ferinject) Infusion

## Patient Consent

### Procedure

Intravenous infusion of Ferric carboxymaltose (Ferinject) over at least 15 minutes for Iron Deficiency Anaemia.

### Consent

I \_\_\_\_\_ (first name)

\_\_\_\_\_ (last name)

Date of birth: \_\_\_\_\_

- Have had explained to me the purpose and procedure of Ferric carboxymaltose (Ferinject) by intravenous infusion.
- I confirm that I have had explained to me adverse effects
- Have been provided with, or informed where to find electronic version of the Ferinject Patient Information Leaflet

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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