

Ferric Carboxymaltose (Ferinject) Infusion

Checklist

	CHECK LIST	RESPONSE
1.	<p>Baseline Measurements:</p> <p>Weight.....Kg * Phosphate... .. mmol/L (if phosphate measurement indicated – see bottom of checklist).</p> <p>Hb.....g/L. Ferritin ug/L</p> <p>NOTE: if pregnant, enquire on fetal movements. Check fetal heart rate pre and post infusion and document all details in the clinical notes</p>	
2.	<p>Is the patient antenatal, postnatal or neither.</p> <p>If antenatal, number of week pregnant</p> <p>(NB IV Ferric Carboxymaltose infusion contraindicated in first trimester)</p>	<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 (for referrals to an infusion centre only)	Yes / No
6.	Is * phosphate ≥ 0.8 mmol/L, if measurement indicated? (Note: not all patients need phosphate measuring – see bottom of checklist). If measurement required and low, defer infusion until phosphate normal.	Yes / No/ NA
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.	<p>If patient <35kg has the dose of Ferric Carboxymaltose been calculated using an approved method based on patient's weight and Hb? (Refer to POAC guideline).</p> <p>All patients ≥ 35 kg receive 1000mg as a single dose</p>	Yes / No/ NA
*	<p>Indications to check phosphate - the patient: has had ≥ 2 iron infusions in the last 6 months OR has had ≥ 1000mg ferric carboxymaltose and is symptomatic (weakness/bone pain/mental changes) OR is at risk of low phosphate (BMI<18/poor nutrition/chronic diarrhea)</p>	

Ferinject Infusion – Checklist and Patient Consent for POAC document

Last updated: May 2023

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: _____