

## National Patient Blood Management Collaborative Snapshot for

## NORTHERN HOSPITAL



Northern Health

- 23% male and 77% female
- 0.3% aged under 0-19 years; 53.8% aged 20-64 years and 45.9% aged over 65 years
- 98% non-Indigenous and 2% Aboriginal and Torres Strait Islander people

Table 1: Percentage of patients assessed, confirmed and managed for anaemia and iron deficiency, May 2015 to March 2017

Age Range	Gender	ASSESSED		% of assessed who were CONFIRMED		% of confirmed who were MANAGED	
		% with anaemia	% with iron deficiency	% with anaemia	% with iron deficiency	% with anaemia	% with iron deficiency
0-19	Female	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%
0-19	Male	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20-64	Female	44.3%	37.4%	36.5%	51.4%	49.1%	55.6%
20-64	Male	9.7%	14.1%	7.3%	9.9%	9.1%	9.5%
65+	Female	33.1%	31.9%	33.7%	29.7%	25.5%	28.6%
65+	Male	12.7%	16.2%	22.5%	9.0%	16.4%	6.3%

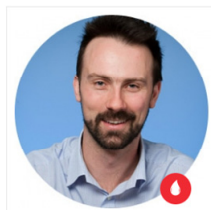
### KEY ACHIEVEMENTS

- ★ Developed and formalised Preoperative Anaemia Guidelines.
- ★ Developed Iron infusion process of ordering.
- ★ Embedded preoperative anaemia management in *Proactive Intervention Medical Assessment in Elderly Elective Surgical Patients* (P.R.I.M.E.) program for Orthopaedic patients.
- ★ Integrated Patient Blood Management program and concepts in the education program/packages for Clinicians.

### The Northern Hospital NPBM Team:



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Lead Clinician



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Clinician

PHARMACY IRON CARBOXYMALTOSE INFUSION (500MG) FERINJECT

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AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: \_\_\_\_\_  
SURNAME: \_\_\_\_\_  
GIVEN NAME: \_\_\_\_\_  
DATE OF BIRTH: / / SEX: \_\_\_\_\_

Warning: DO NOT use this protocol for Iron Polymaltose (Ferrosol/Ferum HB), Iron Sucrose (Venofer®) or ANY OTHER IV iron product as maximum dose per infusion, rate of infusion and dilution are NOT interchangeable. This protocol applies to Adult, cardiac failure adult patients and second and third trimester pregnant patients. Seek expert advice for other patients.

**INSTRUCTION FOR THE ADMINISTRATION OF IRON CARBOXYMALTOSE INFUSION (Ferinject®)**

Iron Carboxymaltose should only be prescribed if the patient has had a documented reaction to other iron formulations and must be discussed with the Clinical Haematology Service.

For patients ≥ 50 kg, the recommended dose is 1000 mg of Iron Carboxymaltose as a single dose; see the 1000mg Iron Carboxymaltose form to prescribe this. However, patients < 50 kg on a fluid restriction may be prescribed TWO doses of 500mg each to be administered ONE week apart.

For patients < 50 kg the recommended dose is 500mg Iron Carboxymaltose as a single dose.

The infusion shall be prepared in the sterile cabinet in pharmacy and delivered to the ward. For doses of iron 500mg (10 mL of iron Carboxymaltose injection) the infusion volume will be: [iron dose] diluted in 100 mL 0.9% sodium chloride, infused over 30 minutes.

**ALL patients receiving intravenous iron Carboxymaltose, the medical officer will need to prescribe the necessary emergency drugs (hydrocortisone, promethazine and adrenaline) in the table below. These drugs should be readily available but are NOT required to be drawn up. A valid PBS prescription will be needed for patients on outpatient wards as well.**

Prescription: **DO NOT document prescribed dose on IV infusion chart 365900**  
Known allergies: \_\_\_\_\_ WARD: \_\_\_\_\_ (Provide a PBS script for outpatients)  
Verbal Consent obtained:  Yes Dr's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Previous exposure to Iron Carboxymaltose?  No  Yes. Date of last infusion: / /  
Patient's weight: \_\_\_\_\_ kg Hb levels: \_\_\_\_\_ Ferritin levels: \_\_\_\_\_

Date	Iron Carboxymaltose (Ferinject®) in 100 mL of 0.9% sodium chloride over 30 minutes Maximum dose per infusion = 500 mg if < 50kg (use ideal body weight if overweight)	Start Time (24 hr)	Medical Officer's signature	Nursing Staff signature
____/____/____	Iron Carboxymaltose 500mg in 100mL 0.9% sodium chloride			
____/____/____	Hydrocortisone 100 mg IV PRN			
____/____/____	*Promethazine 25 mg IV PRN			
____/____/____	Adrenaline (1:1000 ampoule) 0.5 mL IM PRN			

Medical officer name (print): \_\_\_\_\_ Date: / / Pager Number: \_\_\_\_\_  
Ward Pharmacist (signature): \_\_\_\_\_ Sterile manufacturing Pharmacist (signature): \_\_\_\_\_  
For Iron Carboxymaltose

PHARMACY IRON CARBOXYMALTOSE INFUSION (500MG) FERINJECT