

## Intravenous Ferric Carboxymaltose (FERINJECT) Procedure Checklist

Date of Procedure: ..... Time: .....

<b>Pre-infusion:</b>		
Patient Assessed by GP team and meets criteria for Ferinject Infusion – See <a href="#">IV Iron Infusion Procedure on HealthPathways</a>		
Hb: .....g/L	Ferritin: .....ug/L	
Is phosphate $\geq$ 0.8 mmol/L, if measurement indicated? (Note: not all patients need phosphate measuring – see pathway)		Yes / No
If this is a POAC/CFOP FUNDED IV iron infusion the patient must:		
▪ meet the criteria as documented in the Community HealthPathways clinical guideline		Yes / No
▪ have an anaemia caused by iron deficiency		Yes / No
▪ have a valid special authority for Ferinject		Yes / No
If unfunded the patient is aware of the cost of administering the infusion in your practice		Yes / No
Patient weight (Kg) : .....		
Dose of Ferinject to be administered (see pathway): .....		

Ferinject Intravenous Checklist		
1.	Ensure patient has read the <a href="#">patient information</a> on iron infusion.	<input type="checkbox"/>
2.	Patient has been informed of potential adverse effects.	<input type="checkbox"/>
3.	Patient contraindications have been excluded.	<input type="checkbox"/>
4.	<a href="#">Consent form</a> completed and signed by patient and health provider.	
5.	Ensure anaphylaxis medications/protocol readily available if needed.	
6.	Full set of observations completed (Temp, Pulse, RR, SaO2, BP). Recorded in patient notes and consider use of EWS observation form. <b>Whanganui</b> - All recordings entered on electronic system (Outbox FEIV).	<input type="checkbox"/>
7.	IV access gained and cannula flushed with NaCl 0.9% to ensure correct position.	<input type="checkbox"/>
8.	Check PMS and prescription details match (Name, NHI, DOB).	<input type="checkbox"/>
9.	Ferinject infusion prepared as per prescription and <a href="#">IV Iron Infusion Procedure</a> HealthPathway. <b>Medication Added</b> label attached to fluid bag.	<input type="checkbox"/>
10.	Administer infusion over 15 minutes, observations recorded after <b>five minutes of</b> infusion and on completion, and 30 minutes after completion of infusion	<input type="checkbox"/>
11.	Monitor for perivenous leakage at frequent intervals	<input type="checkbox"/>
12.	Cannula flushed with NaCl 0.9% (can be PosiFlush or 50-100ml bag).	<input type="checkbox"/>
13.	Patient issued lab forms for follow-up CBC and ferritin in 4 weeks and if undertaken for another practice, copy them in and complete <a href="#">transfer of care form</a> to advise outcome and follow up.	<input type="checkbox"/>
14.	Recommence oral iron 5 days after infusion and consider alternate day dosing.	<input type="checkbox"/>