Patient name																
Height Weight (kg)	Patient name			E							Allergies					
Consultant Con	NHS number				NHS Foundation Trust					Height		We	Weight (kg)			
For Intusion for Iron deficiency anaemia in patients 18 years old or over, excluding obstetric patients Piease attach proforms to patients drug chart	Dob			Ir	Iron (as Ferric derisomaltose)											
Hypersensitivity reactions: Serious hypersensitivity reactions. Serious hypersensitivity reactions, including life threatening and fatal anaphylactoric and anaphylactoric reactions. have been reported in patients receiving IV iron. These reactions can occur even when a previous administration has been tolerated (including a negative test dose). Caution is therefore needed with every dose of IV iron, even if previous administration has been tolerated (including a negative test dose). Caution is therefore needed with every dose of IV iron, even if previous administrations have been well lotariated. IV iron should not be useful an appropriate management inflated. Patients should be closely monitored for signs of hypersensitivity during and for at least 30 minutes after every administrations have been well obstrated an appropriate management inflated. Patients should be consequent inflated and patients in the stream of the product test of the product tests and properties through the stream of the product tests and product the skin and potentially longuisting town discolouration at the site of injection. In case of parawenous leakage, the administration of IV from must be stopped immediately and appropriate management inflated. Patients hould be to such a parawenous leakage, the administration of IV from must be stopped immediately and programment of the skin and potentially longuisting town discolouration at the site of injection. In case of parawenous leakage, the administration of IV from must be stopped immediately and patients with a history of severe authors. Patients of the patients with a patients. Preparament in the patients with a patient serious of the patients of IV iron products should only be used if the benefits of the patients of the patients with a patients. Preparament of the patients with patients of the patients with a patients with a patients with a patients with a pat	Consultant				•											
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reactions can occur even when a previous administration has been tolerated (including a negative test dose). Caution is therefore needed with <u>every</u> dose of IV iron, even if previous administrations have been well tolerated. IV iron should only be given in an environment where the patient can be adequately monitored, and where resolution facilities are available. In case of a hypersensitivity reaction, treatment should be between a variable in case of a hypersensitivity reaction, treatment should be between the patient can be adequately monitored for signs of hypersensitivity up and gradient appropriate management initiated. Patients should be closely monitored for signs of hypersensitivity up and appropriate management initiated. Patients should be closely monitored for signs of hypersensitivity of appropriate management initiated. Patients should be closely monitored for signs of hypersensitivity to any appropriate management initiated. Patients should be closely monitored for signs of hypersensitivity to any appropriate management initiated. Patients should be closely monitored for signs of hypersensitivity to any appropriate management initiated. Patients should be confined to avoid paramenus expensitivity to active substance, the product listed, or any of its excipients, known closely in the patient in product. Calutions of the product listed, or any of its excipients, known closely in the patient in product. Calutions of the patient in patients with some districts, accurate any other patients and patients with some and in patients with some and in patients with a patient with a history of severe sating, accurate, or other adopts altery. When the management in the infect intensity of severe sating, accurate any other adopts altery in the expenditions. When the patients are closely judged to outweigh the potential risks for both mother and footus. Anaphylactic or anaphylactic reactions could arithritis with symptoms or when the patients with a history of asthma, allergic eccess or other adopts altery. Rec					Please attach proforma to patient's drug chart											
serious hypersensitivity to any other parenteral iron product. Caution: Hypersensitivity risk increased in patients with: known allergies (including drug allergies); immune or inflammatory conditions (eg., systemic lupus erythematosus, rheumatod arthritis; active infections or underly judged to outweigh the potential risks for both mother and foetus. Ferric derisomations are needed in patients with a history of asthma, allergic eczema or other atopic allergy. In these patients, IV iron products should only be used if the benefits (if the benefits is clearly judged to outweigh the potential risks for both mother and foetus. Ferric derisomatioses is contraindicated as above and in patients with decompensated liver cirrhosis and hepatitis. Special precautions are needed in patients with a history of asthma, allergic eczema or other atopic allergy. Rheumatoid arthritis with symptoms or significant or inflammation. MHRA hypersensitivity warning: https://shorturl.at/cknlX Calculators for IBW and dose calculation are linked to formulary entry. **Haemoglobin levels lower than manufacturers recommendations due to lower doses required in pregnancy. **Haemoglobin levels lower than manufacturers recommendations due to lower doses required in pregnancy. **The production of the recommendation of the recommendati	reactions can occur tolerated. IV iron s stopped immediat Skin staining lasting brown disc	ur even washould onlely and apego an	then a previous administrati by be given in an environme ppropriate management init on should be exercised to a n at the site of injection. In c	on has been tolerated int where the patient of liated. Patients should void paravenous leak lase of paravenous le	d (including can be add d be closel cage when eakage, the	g a negativ equately mo y monitore administra administra	e test dose onitored, a d for signs ting IV iror ation of IV	e). Cautio nd where of hypers n. Paraver iron must	n is therefore need resuscitation facili sensitivity during an nous leakage of IV be stopped imme	ded with <u>everties are averties averties averties averties are averties ave</u>	very dose ovailable. In east 30 mine injection series	of IV iron, ever case of a hypoutes after ever site may lead to the tribute it is in the properties of	n if previous ersensitivity ry administr to irritation o	administrations have reaction, treatment ation of an IV iron of the skin and potential during pregnared administration of the skin and potential during pregnared at the skin and potential during pr	ave been well at should be product . entially long- acy unless	
Dose schedule	serious hypersensitivity to any other parenteral iron product. Caution : (including drug allergies); immune or inflammatory conditions (eg, system those with a history of severe asthma, eczema, or other atopic allergy. In are clearly judged to outweigh the potential risks. Iron as Ferric derisomaltose is contraindicated as above and in pat precautions are needed in patients with a history of asthma, allergic ecze				Hypersensitivity risk increased in patients with: known alle nic lupus erythematosus, rheumatoid arthritis); active infect these patients, IV iron products should only be used if the tients with decompensated liver cirrhosis and hepatitis. Sp					clearly necessary. Iron-deticiency anaemia in the first trimester of pregnancy can usually be treated with oral iron (ie, IV iron should not be used). Treatment should be confined to the 2nd or 3rd trimesters, if the benefit is clearly judged to outweigh the potential risks for both mother and foetus. Anaphylactic or anaphylactoid reactions could have serious consequences for both mother and foetus. Ferric derisomaltose may be used in pregnant patients. Pre-pregnancy						
Dose schedule				knIX Calculators	s for IBW	and dose c	alculation	are linke	d to formulary ent		<u> </u>					
Haemoglobin g/L Use Ideal Body Weight if BMI ≥30) Solkg 50-70kg ≥71kg ≥100g/L* 500mg 1500mg 2000mg Doses >20mg/kg to be administered in 2 doses a week apart Prescription: Iron as Ferric derisomaltose Max 20mg/kg per influsion/ week			<u> </u>									2				
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≥100g/L* 500mg 1500mg 2000mg 500mg 2000mg 500mg 500mg 2000mg 500mg 500m	ridomogiosi										:	required in pr	egnancy			
Solong 1500mg 2000mg Doses >20mg/kg to be administered in 2 doses a week apart Prescription: Iron as Ferric derisomaltose Administration Add required quantity of Ferric derisomaltose to 100mL (or up to 250mL) sodium chloride 0.9% infusion bag. Give by intravenous infusion: Dose over 1000mg infuse over at least 15mins Doses over 1000mg infuse over at least 30mins Patient has been informed of risk of adverse effects and consents for IV iron (tick) □ Pharmacist Clinical Screen Calculation for Iron replacement in patients with Iron dericency anaemia. See SPC for other dose calculations Always complete a DATIX report if an infusion reaction occurs specifying amount infused and over what time. Batch number/ expiry Pharmacy use only Dispensed Check Date Pharmacist Clinical Screen Date	>100g/I *			0												
Doses >20mg/kg to be administered in 2 doses a week apart Prescription: Iron as Ferric derisomaltose Administration Add required quantity of Ferric derisomaltose to 100mL (or up to 250mL) sodium chloride 0.9% infusion bag. Give by intravenous infuse over at least 15mins Doses over 1000mg infuse over at least 30mins Patient has been informed of risk of adverse effects and consents for IV iron (tick) □ Pharmacist Clinical Screen Always complete a DATIX report if an infusion reaction occurs specifying amount infused and over what time. Batch number/ expiry Pharmacy use only Dispensed Check Date Pharmacist Clinical Screen Date									· · · · · · · · · · · · · · · · · · ·					a. See SPC		
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	Prescriber's Signature Date															

Title: Iron (as Ferric Derisomaltose) Infusion proforma **Authors**: Gail Franklin, Kamaldeep Sahota, Veronica Chorro-Mari

Version: 2 Page 1 of 2 Approval: D&T approved 22 July 2024

Review Date:



Ideal Body Weight Table (EKHUFT Microguide 2023)

HEI	GHT	IDEAL BODY WEIGHT (KG)						
feet	cm	Male	Female					
5ft 1in	155	52.3	47.8					
5ft 2in	158	54.6	50.1					
5ft 3in	160	56.9	52.4					
5ft 4in	163	59.2	54.7					
5ft 5in	165	61.5	57					
5ft 6in	168	63.8	59.3					
5ft 7in	170	66.1	61.6					
5ft 8in	173	68.4	63.9					
5ft 9in	175	70.7	66.2					
5ft 10in	178	73	68.5					
5ft 11in	180	75.3	70.8					
6ft 0in	183	77.6	73.1					
6ft 1in	185	79.9	75.4					
6ft 2in	188	82.2	77.7					

Ideal body weight (IBW) can also be calculated using the formula below

• Female: 45.5kg + (2.3kg x inch over 5ft)

• Male: 50kg + (2.3kg x inch over 5ft)

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