

Home Dialysis Programs Standing Orders – Iron

Iron Sucrose (Venofer) (ICD9 - 285.21)

1. **Goal:** Iron saturation 30 - 50%; Ferritin 500 - 1200 ng/ml.
2. **Labs:** (ICD9 = 275.09)
 - a. Draw iron studies (iron saturation and ferritin) monthly until TSAT \geq 25% then quarterly in January, April, July and October.
 - b. Draw iron studies (iron saturation and ferritin) monthly when EPO dose >15,000 units/week.
 - c. Iron labs must be drawn at least 1 week after last IV iron dose.
3. **ESA's:** Do not start ESA's until iron saturation is \geq 25%.
4. **Administration:** Give Venofer IV push over 2 minutes.
5. **Dosing:**
 - a. **First Dose:** Observed the patient in the dialysis unit for 30 minutes following the initial dose of IV iron to watch for possible drug reactions.
 - b. Patients transferring from in-center will be converted to Venofer per home dialysis programs iron protocol.
 - c. When possible give 2x/week doses on the first and last day of the week.
 - d. Based on patient's most recent iron studies give Venofer per tables below:

If	And	And		
New to Home Program	Ferritin	Iron Saturation	Timing	Venofer Dose
	< 1200	< 25%	1 st week	Give 200 mg IV push x 2 doses. Each dose should be separated by at least 1 clinic day.
			2 nd week	HHD training give 200 mg IV push x 2 doses. Each dose should be separated by at least 1 clinic day. PD 2 nd week follow up give 200mg IV push x 1 dose
			3 rd week HHD/ PET test PD	HHD training give 200 mg IV push PD- PET test give 200 mg IV push. The PET test is schedule for 4-6 weeks after starting on PD

Patient Name _____

NKC# _____

Northwest Kidney Centers

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New to Home Program	< 1200	25 - 35%	1 st week	Give 200 mg IV push x 2 doses. Each dose should be separated by at least 1 clinic day.
			2 nd week	Draw follow up iron studies
	36 - 50%	1 st week	Give 200 mg IV push	
		2 nd week	Draw follow up iron studies	
	> 50%		Hold Venofer	

If	And	And		Venofer Dose
Maintenance Home Program	< 1200	Ferritin	Iron Saturation	
			< 25%	Give 200 mg IV push every 2 weeks
			25 - 50%	Give 200 mg IV push every month
		> 50%		Hold Venofer

If	And	And		Venofer Dose
All Home Program Patients	> 1200	Ferritin	Iron Saturation	
			> 25%	Hold IV Venofer
			≤ 25%	Check with nephrologist

Physician Name (Please Print)

RN Name (Please Print)

Physician signature
(see referral sheet)

RN signature

Date

Patient Name _____

NKC# _____