

# Chronic Maintenance In-Center Hemodialysis Standing Orders - Iron

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## Sodium ferric gluconate (Ferrlecit™) (ICD9- 285.21)

1. **Goal:** Iron saturation 30 - 50%; Ferritin 500 - 1200 ng/ml.
2. **Labs:** (ICD9 = 275.09)
  - a. Draw iron labs quarterly (ferritin and iron saturation) Jan.–Apr.–Jul.–Oct. or as indicated by table below.
  - b. Wait a minimum of 7 days after the last dose of Ferrlecit before drawing iron labs. May wait until next monthly lab draw.
3. **Test Dose:** Administer Ferrlecit™ test dose of 25 mg (2 cc of a 62.5 mg vial) IV over 3 minutes for the first dose only to assure no allergic reaction.
4. **Infection/Antibiotics:** HOLD IV iron if patient has signs of significant infection or is on antibiotics.
5. **Ferrlecit dosing:**
  - a. Based on most recent iron labs give IV Ferrlecit and draw labs per table below.
  - b. Doses with frequency “q run” may be given up to 3x/week depending on patient’s dialysis schedule.
  - c. Weekly dosing should be given on the mid-week run.

If	And	Actions	
		IV Ferrlecit Dose	Draw Iron Labs
Ferritin < 500	< 20%	125 mg q run × 9	7 days after last dose Based on labs move to new dose
	20 - 30%	125 mg q run × 6	7 days after last dose Based on labs move to new dose
	31 - 50%	125 mg q week × 3	7 days after last dose Based on labs move to new dose
	> 50%	Hold Ferrlecit	Quarterly

Patient Name \_\_\_\_\_

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NKC# \_\_\_\_\_

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**Northwest Kidney Centers**

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<b>If</b>	<b>And</b>	<b>Actions</b>	
<b>Ferritin 500 - 800</b>	<b>Iron Saturation</b>	<b>IV Ferrlecit Dose</b>	<b>Draw Iron Labs</b>
	< 20%	125 mg q run x 6	7 days after last dose Based on labs move to new dose
	20 - 30%	125 mg q run x 3 then 62.5 mg q 2 weeks	Quarterly
	31 - 50%	62.5 mg q week x 3 then 62.5 mg q month	Quarterly
	>50%	Hold Ferrlecit	Quarterly
<b>If</b>	<b>And</b>	<b>Actions</b>	
<b>Ferritin 801 - 1200</b>	<b>Iron Saturation</b>	<b>IV Ferrlecit Dose</b>	<b>Draw Iron Labs</b>
	< 20%	62.5 mg q 2 weeks x 2	7 days after last dose Check with MD re: further doses
	20 - 30%	62.5 mg q month x 2	Quarterly
	31 - 50%	Hold Ferrlecit	Quarterly
	>50%	Hold Ferrlecit	Quarterly
<b>If</b>	<b>And</b>	<b>Actions</b>	
<b>Ferritin &gt;1200</b>	<b>Iron Saturation</b>	<b>IV Ferrlecit Dose</b>	<b>Draw Iron Labs</b>
	< 20 %	Check with MD	Quarterly (unless otherwise ordered)
	20 - 30 %	Hold Ferrlecit	Quarterly
	31 - 50 %	Hold Ferrlecit	Quarterly
	> 50 %	Hold Ferrlecit	Quarterly

**6. Hemoglobin:**

- a. If hemoglobin  $\geq$  12, iron saturation  $>$  30%, and ferritin  $>$  800, hold Ferrlecit.
- b. If hemoglobin  $\geq$  12, iron saturation  $\leq$  30%, and ferritin  $\leq$  800, contact MD for direction.
- c. If hemoglobin  $\geq$  12, iron saturation  $\leq$  30%, and ferritin  $>$  800, contact MD for direction.

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Physician Name (Please Print)

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RN Name (Please Print)

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Physician signature  
(see referral sheet)

\_\_\_\_\_  
RN signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

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NKC#