

# Home Hemodialysis Standing Orders

## – Iron

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### Iron Sucrose (Venofer) (ICD10 - D63.1)

1. **Goal:** Iron saturation 30 - 50%; Ferritin 500 - 800 ng/ml.
2. **Labs:** (ICD10 = E83.10)
  - 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 7 days after last IV iron dose or transfusion.
3. **ESA's:** Do not start ESA's until iron saturation is  $\geq$  25%.
4. **Administration:** Give Venofer IV push over 2 minutes.
5. **Infection/Antibiotics:** HOLD IV iron if patient has signs of significant infection or is on antibiotics.
6. **Dosing:**
  - a. **Test Dose (First Dose Only):**
    - i. Administer Venofer test dose of 0.5 cc (100mg/5cc vial) over 3 minutes for the first dose only to assure no allergic reaction. Wait 3 minutes, and then give the remainder.
    - ii. Observe 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.
  - e. For high Hgb, refer to EPO S/O.

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<b>If</b>	<b>And</b>	<b>And</b>				
<b>New to HH Program</b>	<b>Ferritin</b>	<b>Iron Saturation</b>	<b>Timing</b>	<b>Venofer Dose</b>		
			< 800	< 25%	1 <sup>st</sup> week	Give 200 mg IV push x 2 doses. Each dose should be separated by at least 1 clinic day.
					2 <sup>nd</sup> week	Give 200 mg IV push x 2 doses. Each dose should be separated by at least 1 clinic day. Draw follow up iron studies 7 days after last dose and follow S/O.
				3 <sup>rd</sup> week	Give 200 mg IV push	
			25 - 35%	1 <sup>st</sup> week	Give 200 mg IV push x 2 doses. Each dose should be separated by at least 1 clinic day.	
				2 <sup>nd</sup> week	Draw follow up iron studies 7 days after last dose and follow S/O.	
			36 - 50%	1 <sup>st</sup> week	Give 200 mg IV push	
				2 <sup>nd</sup> week	Draw follow up iron studies 7 days after last dose and follow S/O.	
			> 50%		Hold Venofer Redraw iron studies with next quarterly draw, and resume protocol.	

<b>If</b>	<b>And</b>	<b>And</b>			
<b>Maintenance HH Program</b>	<b>Ferritin</b>	<b>Iron Saturation</b>		<b>Venofer Dose</b>	
			< 800	< 25%	Give 200 mg IV push every 2 weeks
				25 - 50%	Give 200 mg IV push every month
			> 50%	Hold Venofer Redraw iron studies with next quarterly draw, and resume protocol.	

<b>If</b>	<b>And</b>	<b>And</b>		<b>Venofer Dose</b>
<b>All HH Program Patients</b>	<b>Ferritin</b>	<b>Iron Saturation</b>		
			> 800	> 20%
			≤ 20%	Check with nephrologist

**Patient Name** \_\_\_\_\_  
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**NKC#** \_\_\_\_\_  
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**7. Hemoglobin:**

- a. If hemoglobin  $\geq 12$ , iron saturation  $> 30\%$ , and ferritin  $> 800$ , hold Venofer.
- 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 directions.

\_\_\_\_\_  
Physician Name (Please Print)

\_\_\_\_\_  
RN Name (Please Print)

\_\_\_\_\_  
Physician signature  
*(see referral sheet)*

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

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Date