

# Peritoneal Dialysis Programs Standing Orders – Iron

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

1. **Goal:** Iron saturation 25 - 35%; Ferritin <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. Iron labs must be drawn at least 7 days after last IV iron dose or transfusion. May wait until next monthly lab draw.
3. **ESA:** Do not start ESA until iron saturation is  $\geq$  25%.
4. **Administration:** Dilute in a minimum of 50 ml NS for IV infusion over 20 – 30 minutes.
5. **Dosing:**
  - a. **First Dose:** 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 Iron Sucrose (Venofer) per home dialysis programs iron protocol.
  - c. Based on patient’s most recent iron studies give Iron Sucrose (Venofer) per tables below:

If	And	And		
	Ferritin	Iron Saturation	Timing	Iron Sucrose (Venofer) Dose
<b>New to PD Program</b>	$\leq$ 800	$<$ 25%	1 <sup>st</sup> week (Training)	Give 200 mg
			2 <sup>nd</sup> week	Give 200 mg
		25 - 35%	1 <sup>st</sup> week (training)	Give 200 mg
		$>$ 35%		Hold Iron Sucrose (Venofer)
	$>$ 800	$<$ 25%		Check with nephrologist
		$\geq$ 25%		Hold Iron Sucrose (Venofer)

**Northwest Kidney Centers**

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<b>If</b>	<b>And</b>	<b>And</b>		
<b>Maintenance PD Program</b>	<b>Ferritin</b>	<b>Iron Saturation</b>	<b>Timing</b>	<b>Iron Sucrose (Venofer) Dose</b>
	≤ 800	< 25%		Give 200 mg q 2 weeks x 2 doses and recheck iron studies at next monthly visit.
		25 - 35%		Give 200 mg
		> 35%		Hold Iron Sucrose (Venofer)
	> 800	< 25%		Check with nephrologist
		≥ 25%		Hold Iron Sucrose (Venofer)

**6. Hemoglobin:**

- a. If hemoglobin ≥12, iron saturation ≥25%, and ferritin ≥800, hold Iron Sucrose (Venofer).
- b. If hemoglobin ≥12, iron saturation ≤25%, and ferritin ≤800, contact MD for direction.
- c. If hemoglobin ≥12, iron saturation ≤25%, and ferritin ≥800, contact MD for direction.

**7. Infection/Antibiotics:** HOLD IV iron if patient has signs of significant infection or is on antibiotics.

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

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

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

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

\_\_\_\_\_  
Date

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

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