# 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 ≥ 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 ≥ 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 | | |
|---|---|---|---|---|
| **New to PD Program** | **Ferritin** | **Iron Saturation** | **Timing** | **Iron Sucrose (Venofer) Dose** |
| | ≤ 800 | < 25% | 1st week (Training) | Give 200 mg |
| | | | 2nd week | Give 200 mg |
| | | 25 - 35% | 1st week (training) | Give 200 mg |
| | | > 35% | | Hold Iron Sucrose (Venofer) |
| | > 800 | < 25% | | Check with nephrologist |
| | | ≥ 25% | | Hold Iron Sucrose (Venofer) |

**Patient Name**_____ **NKC#**_____

| If | And | And | | |
|---|---|---|---|---|
| | **Ferritin** | **Iron Saturation** | **Timing** | **Iron Sucrose (Venofer) Dose** |
| **Maintenance PD Program** | ≤ 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 RN signature Date
***(see Initial orders)***

**Patient Name**_____ **NKC#**_____