

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
New to PD Program	\leq 800	< 25%	1 st week (Training)	Give 200 mg
			2 nd week	Give 200 mg
		25 - 35%	1 st 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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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 >12:

If hemoglobin ≥12, iron saturation ≤25%, contact MD for direction.

7. Infection/Antibiotics: HOLD IV iron if patient is on antibiotics.

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 Physician Name (Please Print)

 RN Name (Please Print)