

Chronic Maintenance In-Center Hemodialysis Standing Orders – Iron Sucrose

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

- **1. Goal**: Iron saturation 30 50%
- **2. Labs:** (ICD10 = E83.10)
 - a. Draw iron labs quarterly (ferritin and iron saturation) Jan.-Apr.-Jul.-Oct.
 - b. Wait a minimum of 7 days after the last dose of iron sucrose before drawing iron labs.

3. Hemoglobin:

- a. If hemoglobin is greater than or equal to 12 g/dL or ferritin is greater than or equal to 1000 ng/mL, hold iron sucrose.
- b. When hemoglobin then decreases to less than 12 g/dL and ferritin decreases to less than 1000ng/mL, restart iron sucrose per protocol.
- **4. Infection/Antibiotics:** HOLD IV iron sucrose if patient has an infection requiring IV antibiotics. If patient is still receiving IV antibiotics more than 2 weeks, then can resume IV iron dosing at that time.

5. Iron sucrose dosing:

- a. Based on most recent iron labs, give IV iron sucrose per Table 1 below.
- b. Doses with frequency "every run" may be given up to 3x/week depending on patient's dialysis schedule.
- c. Maintenance dosing: 100 mg given every 4 weeks. Dose should start the second full week of the month (mid-week run preferable). A full week is defined as a week in which the Sunday falls in the calendar month.

Table 1

If	Actions	
Iron Saturation	IV Iron Sucrose Dose	
< 20%	100 mg every run $\times 8$, then give monthly maintenance dose the following month	
20 - < 30%	100 mg every run \times 4, then give monthly maintenance dose the following month	
30 - 50%	100 mg every month (maintenance dose)	
> 50%	Hold iron sucrose, recheck iron saturation every month until iron saturation falls below 50% again. Follow rules above.	

6. Patients transitioning to iron sucrose from sodium ferric gluconate:

a.	For patients transitioning to iron sucrose in the middle of a sodium ferric
	gluconate iron repletion course, complete the course with iron sucrose doses,
	with the total number of doses per Table 1.

Patient Name	NKC#	
Physician Signature		
Physician Name (Please Print)	Date	
Matthew Rivara, MD	<u>January 26th, 2025</u>	

MEC reviewed 1.15.25

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