

IRON INFUSION – IRON ISOMALTOSIDE – MONOFER

PROFORMA

Before a woman is referred for a Monofer infusion the following measures should be taken:-

- If MCV is high (macrocytosis) please check B12 and folate levels.
- If known haemoglobinopathy check serum ferritin and offer oral supplements if less than 30ug/l.
- If response to oral iron replacement is poor, exclude concomitant causes, such as folate deficiency or anaemia of chronic disease.
- Anaemic women with unknown haemoglobinopathy status should be offered a trial of iron and haemoglobinopathy screening should be undertaken in accordance with the NHS sickle cell and thalassaemia screening programme guidelines.
- The serum ferritin level is the most useful and easily available parameter for assessing iron deficiency. Levels below 15µg/l are diagnostic of established iron deficiency. A level below 30µg/l in pregnancy should prompt treatment.

TREATMENT OF IRON DEFICIENCY ANAEMIA

- Treatment must begin promptly in the community. Referral to secondary care should be considered if there are significant symptoms and/or severe anaemia (Hb less than 70) or if there is no rise in Hb following 2 weeks of oral iron therapy.

- Give 100-200mg elemental iron daily and repeat FBC with the GP after 2 weeks. Ferrous iron salts are the treatment of choice. See appended template letter (three copies – patient, GP, notes)
- For nausea and epigastric discomfort, try preparations with lower iron such as ferrous sulphate.
- Once Hb levels are normal, continue supplementation for 3 months and at least until 6 weeks postpartum to replenish iron stores.
- Counsel as to how to take oral iron supplements correctly. This should be on an empty stomach, 1 hour before meals, with a source of vitamin C (ascorbic acid) such as orange juice to maximise absorption. Other medications or antacids should not be taken at the same time.

Once all of these measures have been completed the woman should be referred for I.V Monofer. This is done by contacting the DOU and arranging an appointment. At this stage the Monofer should be prescribed on a Kardex for the date the appointment has been made and the dose calculated as per example below:-

WORKED EXAMPLE :

PRE-PREGNANCY [BOOKING] WEIGHT = 70KG

TARGET HB=110G/L ACTUAL HB =90G/L

[10MG/KG]=10 X PRE-PREGNANCY WEIGHT= 700MG

TOTAL IRON NEED = 70X[110-90] X 0.24 +700 =1036 IRON

THEREFORE ROUNDING TO THE NEAREST 100MG GIVE

1000MG OF MONOFER

PATIENT ADDRESSOGRAPH

DATE OF INFUSION:

TIME ARRIVED:

DOSE OF MONOFER:

ANY PREVIOUS IRON INFUSIONS	YES / NO
WAS PATIENT INFORMATION LEAFLET GIVEN TO PATIENT	YES / NO
WAS PATIENT GIVEN VERBAL INFORMATION RE THE POSSIBILITY OF SKIN DISCOLOURATION WHICH MAY TAKE SOME TIME TO RESOLVE/RISK OF ANAPHYLAXIS	YES / NO

INFORMED VERBAL CONSENT GIVEN BY PATIENT	YES / NO
Signature of Midwife.....	
Signature of Patient	

TIME CANNULA INSERTED:

PERIPHERAL CANNULA OBSERVATION CHART COMPLETED	YES / NO
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TIME INFUSION CONNECTED / COMMENCED:

BASELINE OBS PRE – INFUSION

TIME..... OEWS SCORE.....

OBSERVATIONS (5 MINUTES POST COMMENCING INFUSION):

TIME..... OEWS SCORE.....

ANY HYPERSENSITIVITY REACTION DURING INFUSION: **YES / NO**

(IF YES STOP IMMEDIATELY)

SKIN DISCOLOURATION OBSERVED: **YES / NO**

(IF YES STOP IMMEDIATELY AND RE-SITE CANNULA)

OBSERVATIONS (END OF INFUSION):

TIME..... OEWS SCORE.....

ARM CHECKED FOR SKIN DISCOLOURATION AFTER THE INFUSION: **YES / NO**

ADVICE GIVEN TO HAVE A REPEAT FBP IN 2 WEEKS **YES / NO**

ADVICE GIVEN TO DISCONTINUE ORAL IRON POST IRON INFUSION **YES / NO**

Next review:

PLEASE PHOTOCOPY AFTER COMPLETION AND FILE 1 COPY IN MHR AND 1 COPY IN IRON INFUSION AUDIT FOLDER

TIME PATIENT LEFT WARD:

DURATION OF PROCEDURE: