



Cottage Grove Infusion
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IRON SUCROSE INFUSION (v. 05/29/2024)

Diagnosis/Indication: _____

Medications:

- .. Iron sucrose 200 mg in 100 mL of normal saline over 30 minutes IV x 5 doses within 14 days (non-dialysis patient)
- .. Iron sucrose 500 mg in 250 mL of normal saline over 3 hours IV every 2 weeks (non-dialysis patient) x _____ doses (if blank, default 2 doses)
- .. Iron sucrose 300 mg in 250 mL of normal saline over 2 hours IV on day 1 and 15 then 400 mg in 250 mL of normal saline over 3 hours IV on day 28 (peritoneal dialysis patients receiving ESA treatment)
- .. Methylprednisolone 125 mg IV x 1 dose (pre-iron infusion- optional)
- .. Diphenhydramine 25 mg PO x 1 dose (pre-iron infusion- optional)
- .. Sodium chloride 0.9% at 100 mL/hr. Run concurrent with iron infusions as needed for vein discomfort (optional)

*Maximum iron sucrose dose 1000 mg in 14 day period

Nursing communications:

- Vital signs: Initial and as needed
- Monitor patient for signs and symptoms of hypersensitivity (anaphylaxis, flushing, dyspnea, tachycardia, increased blood pressure)
- Slow rate 50% for rate-related reactions like chest discomfort

Access:

- .. Insert peripheral IV
 - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Emergency Medications: (Emergency medications can be given IM if IV route unavailable)

Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic).

-- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.

■ Methylprednisolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.

Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.

■ Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____