

IV Iron DEXTRAN (INFED®)

Quick Reference

Appropriate use in pregnancy:

1. Use IV Iron DEXTRAN in patients with iron deficiency anemia who not cannot tolerate oral iron; those who have severe anemia, especially later in the pregnancy; and those for whom oral iron does not effectively increase the hemoglobin and/or ferritin levels.
2. Intravenous iron is NOT used during the first trimester, as there are no safety data for first-trimester use.
3. Discontinue oral iron products prior to administering iron DEXTRAN.

Dosage:

1. A test dose 25 mg must be administered prior to starting IV iron DEXTRAN therapy. Observe for at least 1 hour (after test dose) prior to administering the full therapeutic dose.
2. Total dose should not to exceed 1,000 mg/dose administer as a single infusion over 1 hour.

Administration:

1. Prescriber will order test dose IV Iron DEXTRAN 25 mg in 50 mL NS IV mini-bag to infuse over 30 minutes. Stay with patient for initial 15 minutes and observe closely for an additional 45 minutes for hypersensitivity reaction.
2. Administer a test dose of iron dextran prior to the first therapeutic dose. Monitor patient for an hour. If no signs or symptoms of anaphylactic-type reactions following the test dose, administer the full therapeutic iron DEXTRAN 1,000 mg in 250 mL NS IV mini-bag over 1 hour.
3. IV Iron DEXTRAN is highly-viscosity fluid. Use at least #20 gauge cannula or larger whenever possible.
4. Do not mix iron DEXTRAN with other medications or add to parenteral nutrition solutions for intravenous infusion.
5. Continue to monitor patient closely for adverse reactions (e.g., anaphylaxis, hypotension, shock, fetal bradycardia) during and after the infusion
6. Monitor vital signs every 15 minutes and fetal heart rate

Anaphylactic-type reactions:

1. During all iron dextran administrations, observe for signs or symptoms of anaphylactic-type reactions.
2. IV Iron DEXTRAN should be used with caution in individuals a history of more than one drug allergy/or asthma (at increased risk of anaphylactic-type reactions).
3. Resuscitation equipment, medication, and trained personnel readily available during iron dextran administration. An uneventful test dose does not ensure an anaphylactic-type reaction will not occur during administration of the therapeutic dose.

For ANAPHYLACTIC TYPE REACTIONS (respiratory difficulty, tachycardia, hypotension, and/or cardiovascular collapse)

4. Stop IV infusion (be careful not to flush IV line with iron DEXTRAN)
5. Contact the prescriber
6. Consider activating Rapid Response Team (RRT) and utilize anaphylactic kit in the code drug box
7. Administer anaphylaxis treatment (e.g., IM epinephrine, oxygen per prescriber order)
8. Monitor vital signs every 5 minutes until stable

Reference: JHH Lexi-Comp Online