Iron Sucrose (Venofer®)
Quick Reference

Iron SUCROSE is an intravenous iron supplement used to replete iron stores in patients with chronic kidney disease (CKD). It is also used to treat iron deficiency anemia of pregnancy (Non-FDA labeled indication).

According to ACOG Practice Bulletin on Anemia in Pregnancy (July 2008):

1. Patients with a malabsorption syndrome and severe iron deficiency anemia may benefit from parenteral iron therapy.
2. Parenteral iron is used in patients who cannot tolerate or will not take modest doses of oral iron.
3. Anaphylactic reactions have been reported in 1% of patients receiving parenteral iron dextran. In comparison with patients who take iron dextran, patients who take parenteral iron sucrose have fewer allergic reactions.

Dosage and Administration

1. **Dosage**:
   a. Dose is Iron SUCROSE 200 mg IV repeated 2-3 times per week at least 24 hours apart. Iron SUCROSE may be ordered as 200 mg IV daily over 5 days instead of 2-3 times per week. Dose can be given up to 500 mg/day. A cumulative dosage of 1000 mg iron SUCROSE in a 14-day period should not be exceeded.
2. **Administration**:
   a. **IV Push**: 200 mg given SLOW IV injection undiluted over 2 to 5 minutes. See JHH IV push policy (PAT030).
   b. IV infusion (mini bag): Infuse diluted doses ≤200 mg over at least 15 minutes; infuse diluted 300 mg dose over 1.5 hours. Doses > 200 mg should be diluted in 250 mL NS. **Use Alaris Pump Drug Library to program the pump.**
   c. Iron SUCROSE should not be mixed with other drugs or added to parenteral nutrition solutions for IV infusion

Monitoring:

1. IV Push (syringe) - Obtain vital signs at baseline.
2. IV Infusion (mini-bag) – Obtain vital signs at baseline, 15 minutes x2, and completion of infusion.
3. Monitor for signs and symptoms of hypersensitivity reaction during and after administration for at least 30 minutes and until clinically stable after infusion completed.

Contraindications

1. Iron SUCROSE is contraindicated in patients with **known hypersensitivity** to the medication.
2. Do not administer to patients with evidence of **iron overload**.
3. Do not administer during the **first trimester of pregnancy**.

Precautions

1. Serious hypersensitivity reactions, including anaphylactic-type reactions, have been reported during and after Iron SUCROSE administration, most cases occurring within 30 minutes following infusion**. If hypersensitivity reactions or signs of intolerance occur during administration, stop Iron SUCROSE immediately, notify provider, and monitor patient until clinically stable.**
2. Hypotension after Iron SUCROSE may occur related to rapid infusion or and/or total dose delivered. Monitor for signs and symptoms of hypotension following each administration of Iron SUCROSE.
3. Injection site discoloration has been reported following extravasation. Assure stable intravenous access to avoid extravasation.
4. Avoid IV iron in patients with active systemic infection.

Patient Education

1. Instruct patient to report dyspnea, or signs/symptoms of hypotension or seizure.
2. This drug may cause diarrhea, nausea, vomiting, leg cramps, or headache.
3. Patient should avoid concomitant oral iron preparations.

References:

1. American College of, O. & Gynecologists. A*COG Practice Bulletin No. 95: anemia in pregnancy*. Obstetrics and gynecology 112, 201-207.
2. PAT030 - *Intravenous (IV) Push Medications: Appendix A – Adult Intravenous Push (IV Push) List.* The Johns Hopkins Hospital Interdisciplinary Manual.
3. JHH Lexi-Comp Online.

Reviewed by JHH Pharmacist (1-4-2021) / A. Olden