UNIT FARMASI KLINIKAL DAN MAKLUMAT DRUG
JABATAN FARMASI
HOSPITAL USM

NOVEMBER 2018, Volume 33; Issue 4

IRON SUCROSE

INDICATION [1]

Iron-deficiency anaemia

DOSAGE FORM AVAILABLE IN HUSM [1]

INJECTION 100MG/5ML

DOSE [2]

1) TOTAL CUMULATIVE DOSE:

Increase in Hb required (g/dL) ie Target Hb minus Actual Hb								
		1g	2g	3g	4g	5g	6g	7g
Body weight (kg)	40	6	7	8	9	10	11	12
	45	6	7	8	9	10	11	12
	50	6	7	9	10	11	12	13
	55	6	8	9	10	12	13	14
	60	6	8	9	11	13	14	16
	65	7	8	10	11	13	14	16
	70	7	8	10	12	13	15	17
	75	7	9	10	12	14	16	18
	80	7	9	11	13	15	17	18
	85	7	9	11	13	15	17	19
	90	7	9	11	14	16	18	20
	95	7	10	12	14	16	19	21
	100	7	10	12	15	17	19	22

2) FOR IRON REPLACEMENT SECONDARY TO BLOOD LOSS AND TO SUPPORT AUTOLOGOUS BLOOD DONATION:

BW [kg] x 0.24 (target Hb–actual Hb) [g/dL]

ADMINISTRATION [2]

TEST DOSE & 1ST DOSE

The first infusion of Venofer® must include a test dose (refer table below) ; facilities for cardiopulmonary resuscitation

Drug to diluent concentration	Test dose	Remainder of first dose
100mg Venofer® in 100mL Sodium Chloride 0.9%	25mg in 25mL over 15 mins. (IV pump set 100mls/hr, VTBI 25mL)	75mg in 75mL to be infused. Max infusion rate 200mL/hr
200mg Venofer® in 100mL Sodium Chloride 0.9%	25mg in 12.5mL over 15 mins. (IV pump set 50mL/hr, VTBI 12.5mL)	175mg in 75mL to be infused. Max infusion rate 200mL/hr
200mg Venofer® in 200mL Sodium Chloride 0.9%	25mg in 25mL over 15 mins. (IV pump set 100mL/hr, VTBI 25mL)	175mg in 175mL to be infused. Max infusion rate 200mL/hr

SUBSEQUENT DOSES

Administration	
IV infusion	Rate of administration
100mg in 100mL Sodium Chloride 0.9%	Administer over at least 15 minutes (maximum pump rate 400mL/hr)
200mg in 100mL or 200mL of Sodium Chloride 0.9%	Administer over at least 30 minutes (maximum pump rate 200mL/hr for 100mL bag, 400mL/hr for 200mL bag)

ADR TO MONITOR DURING THE TEST DOSE [2]

Transient taste perversion
Hypotension
Fever and shivering,
Injection site reactions
Nausea
(Occurring in 0.5 to 1.5% of patients).

Non-serious anaphylactoid reactions occurred rarely.

ADR MANAGEMENT [2]

1) **Serious anaphylactic or allergic reaction:** stop the infusion/ IM adrenaline should be administered and appropriate resuscitation measures initiated.

2) **Mild allergic reactions:** Stop the infusion and administering antihistamines.

3) **Hypotensive episodes:** Decrease infusion time

REFERENCES:
1. http://dformulary.h.usm.my/
2. Protocol for the use of IV iron sucrose - Venofer® , Author: Transfusion Practitioner V1.0 Approved by D&TC 23 January 2008

Prepared by:
Khairul Bariah Johan/ Nooraini Omar/ Nazirah Rajat