Peritoneal Dialysis Programs Standing Orders – Iron

Iron Sucrose (Venofer) (ICD10 = D63.1)

- **1. Goal:** Iron saturation 25 35%; Ferritin <800 ng/ml.
- **2.** Labs: (ICD10 = E83.10)
 - a. Draw iron studies (iron saturation and ferritin) monthly until TSAT \geq 25% then quarterly in January, April, July and October.
 - b. Wait a minimum of 7 days after the last dose of iron prior to redrawing iron labs.
- **3. Administration:** Dilute in a minimum of 50 ml NS for IV infusion over 20 30 minutes.
- 4. Dosing:
 - a. **First Dose:** Observe the patient in the dialysis unit for 30 minutes following the initial dose of IV iron to watch for possible drug reactions.
 - b. Patients transferring from in-center will be converted to Iron Sucrose (Venofer) per home dialysis programs iron protocol.
 - c. Based on patient's most recent iron studies give Iron Sucrose (Venofer) per tables below:

| If | And | And | | |
|----------------------|----------|--------------------|------------------------------------|-----------------------------|
| New to PD Program | Ferritin | Iron Saturation | Timing | Iron Sucrose (Venofer) Dose |
| | ≤ 800 | < 25% | 1 st week (Training) | Give 200 mg |
| | | | 2 nd week | Give 200 mg |
| | | 25 - 35% | 1 st week (training) | Give 200 mg |
| | | > 35% | | Hold Iron Sucrose (Venofer) |
| | > 800 | < 25% | | Check with nephrologist |
| | | ≥ 25% | | Hold Iron Sucrose (Venofer) |

Northwest Kidney Centers

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| If | And | And | | |
|---------------------------|----------|--------------------|--------|---|
| Maintenance PD Program | Ferritin | Iron Saturation | Timing | Iron Sucrose (Venofer) Dose |
| | ≤ 800 | < 25% | | Give 200 mg q 2 weeks x 2 doses and recheck iron studies at next monthly visit. |
| | | 25 - 35% | | Give 200 mg |
| | | > 35% | | Hold Iron Sucrose (Venofer) |
| | > 800 | < 25% | | Check with nephrologist |
| | | ≥ 25% | | Hold Iron Sucrose (Venofer) |

5. Hemoglobin >12:

If hemoglobin \geq 12, iron saturation \leq 25%, contact MD for direction.

6. Infection/Antibiotics: HOLD IV iron if patient is on antibiotics.

Matthew Rivara, MD

Physician Name (Please Print)

RN Name (Please Print)

Physician signature (see Initial orders)

RN signature

February 3rd, 2025

Date