

Chronic Maintenance In-Center Hemodialysis Standing Orders – Iron Sucrose

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

- 1. Goal:** Iron saturation 30 - 50%
- 2. Labs:** (ICD10 = E83.10)
 - a. Draw iron labs quarterly (ferritin and iron saturation) Jan.–Apr.–Jul.–Oct.
 - b. Wait a minimum of 7 days after the last dose of iron sucrose before drawing iron labs.
- 3. Hemoglobin:**
 - a. If hemoglobin is greater than or equal to 12 g/dL or ferritin is greater than or equal to 1000 ng/mL, hold iron sucrose.
 - b. When hemoglobin then decreases to less than 12 g/dL and ferritin decreases to less than 1000ng/mL, restart iron sucrose per protocol.
- 4. Infection/Antibiotics:** HOLD IV iron sucrose if patient has an infection requiring IV antibiotics. If patient is still receiving IV antibiotics more than 2 weeks, then can resume IV iron dosing at that time.
- 5. Iron sucrose dosing:**
 - a. Based on most recent iron labs, give IV iron sucrose per Table 1 below.
 - b. Doses with frequency “every run” may be given up to 3x/week depending on patient’s dialysis schedule.
 - c. Maintenance dosing: 100 mg given every 4 weeks. Dose should start the second full week of the month (mid-week run preferable). A full week is defined as a week in which the Sunday falls in the calendar month.


Table 1

If	Actions
Iron Saturation	IV Iron Sucrose Dose
< 20%	100 mg every run ×8, then give monthly maintenance dose the following month
20 - < 30%	100 mg every run ×4, then give monthly maintenance dose the following month
30 - 50%	100 mg every month (maintenance dose)
> 50%	Hold iron sucrose, recheck iron saturation every month <i>until iron saturation falls below 50% again.</i> Follow rules above.

- 6. Patients transitioning to iron sucrose from sodium ferric gluconate:**
 - a. For patients transitioning to iron sucrose in the middle of a sodium ferric gluconate iron repletion course, complete the course with iron sucrose doses, with the total number of doses per Table 1.

Matthew Rivara, MD
 Physician Name (Please Print)

January 21st, 2025
 Date


 Physician Signature

Patient Name _____
 MEC reviewed 1.15.25

NKC# _____
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