REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
iron dextran

Effective Date: Dec 2012 **Revised Date:** June 20 2018	CLASSIFICATION **Hematinic**	OTHER NAMES **Dexiron**	PAGE 1 of 2

ADMINISTRATION POLICY:
IV Bolus - **Physician must be present**
IV Intermittent - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: Elemental iron 50 mg/mL ampoule

Test Dose: Infuse 25 mg over 15 minutes. Observe patient for 45 minutes. If no reaction, infuse remaining solution over required time.

100 to 250 mg Doses: Dilute dose in 100 mL normal saline. Infuse remaining solution over 45 minutes, preferably during last hour of hemodialysis.

251 to 500 mg Doses: Dilute dose in 250 mL normal saline. Infuse remaining solution over 2 hours.

501 to 1000 mg Doses: Dilute dose in 500 mL normal saline. Infuse remaining solution over 4 hours.

Maximum rate:

25 mg test doses:	over at least 5 minutes
100 mg doses (undiluted):	over at least 2 minutes
500 to 1000 mg doses:	over at least 1 hour

Maximum concentration:

For test doses and 100 mg dose:	50 mg/mL (undiluted)
For 101 to 1000 mg dose:	4 mg/mL

DOSAGE:
Test Dose: 25 mg
Usual:
Intermittent Infusion:
100 mg 3 x/week (every hemodialysis) x 10 doses, then maintenance dosing may be required based on blood work.

Total Dose Infusion (TDI) (For Dialysis Patients):
500 mg x 1 dose, then maintenance dosing may be required based on blood work. (site specific)

Total Dose Infusion (TDI) (For all other Iron-Deficient Patients):
Dosage based on patient weight and hemoglobin. Refer to product insert/CPS for dosage formula.

Maximum single dose: 1000 mg (TDI)

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline

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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Anaphylaxis/Anaphylactoid Reactions:
    - Sudden onset of respiratory difficulty and/or cardiovascular collapse occurs with 0.1 to 0.6% incidences. STOP infusion immediately.
- Hypotension with flushing may be associated with rapid IV administration and generally resolves in 1 to 2 hours.
- Total Dose Infusion of iron dextran associated with increased incidence of delayed (1 to 2 days) reactions including arthralgias, backache, chills, dizziness, moderate to high fever, headache, malaise, myalgia, nausea and vomiting.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dilution of iron dextran in D5W is associated with increased incidence of local pain and phlebitis.
- Use with caution in patients with chronic liver disease.
- Hemodialysis: The test dose should be administered near the beginning of hemodialysis to facilitate ongoing monitoring.
- During the 15 minutes of the test dose infusion, monitor the patient closely for signs of an anaphylactic reaction, including dyspnea, angioedema, urticaria.
- Monitor vital signs pre test dose, then every 15 minutes x 2, then every 30 minutes x 2.
- For subsequent infusions, monitor vital signs every 30 minutes.
- Stop infusion immediately if adverse reactions occur
- Flush line with normal saline after infusion completed.
- Test Dose:
    - Recommended when:
        - A patient receives their first dose ever of iron dextran
        - More than 6 months have elapsed since patient last received IV iron dextran
    - Anaphylaxis Precautions: Have diphenhydramine, epinephrine and hydrocortisone readily available on the patient care unit.