

Iron Sucrose (Venofer®)

Form:	100mg/5ml
Reconstitution:	Already in solution
Administration Method:	<p><u>IV Infusion - Preferred</u> For 100mg dose: Add one vial to 100ml sodium chloride 0.9%. For 200mg dose: Withdraw 60ml from 250ml bag sodium chloride 0.9% bag. Add two vials to the bag.</p> <p>Both methods give a solution of approximately 1mg/ml.</p> <p>Administer at a rate of 100ml/hour for the first 15 minutes, if tolerated increase to 150ml/hour for 15 minutes, then to a maximum of 200ml/hour for the remaining portion of the infusion.</p> <p><u>IV Injection</u> No further dilution necessary, each 100mg dose must be given over at least 5 minutes.</p>
Extravastation	Paravenous leakage must be avoided because leakage of Venofer at the site of injection may lead to pain, inflammation, tissue necrosis and brown discolouration of the skin.
Compatibility & Stability:	Sodium Chloride 0.9%
Special Notes:	<ul style="list-style-type: none"> • The maximum single dose (by IV injection or infusion) is 200mg iron (10mL Venofer®). • A test dose prior to administration is no longer recommended for any IV iron products. Instead, caution is warranted with every dose of IV iron that is given, even if previous administrations have been well tolerated. • Patient should be observed for adverse effects for at least 30 minutes following each infusion. • Parenterally administered iron preparations can cause hypersensitivity reactions including serious and potentially fatal anaphylactic/anaphylactoid reactions. Hypersensitivity reactions have also been reported after previously uneventful doses of parenteral iron complexes. • The risk is enhanced for patients with known allergies including drug allergies, including patients with a history of severe asthma, eczema or other atopic allergy. • There is also an increased risk of hypersensitivity reactions to parenteral iron complexes in patients with immune or inflammatory conditions (e.g. systemic lupus erythematosus, rheumatoid arthritis). • Facilities for cardio respiratory resuscitation and equipment for handling acute anaphylactic/anaphylactoid reactions should be available.

This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542