IV Iron Infusion Algorithm

LEGACY HEALTH

Obtain baseline vital signs
Assess for risk of potential reactions
Administer pre-meds if ordered

→ **Start IV infusion**
per medication orders

→ **Observe patient for reactions first 10 minutes**
Obtain vital signs per orders

*Some side effects may improve by adjusting the infusion rate. Mild/ moderate reactions may resolve after stopping the infusion, and they may not return when restarted. Severe reactions can occur.

Signs and symptoms of a reaction during infusion?

No →

Per orders, continue infusion or adjust rate to administer remaining volume

→ **Educate patient**
to report the following signs and symptoms to care team:
Shortness of breath, angioedema, rash, fever, myalgia, headache

→ **Continue infusion until complete**
Obtain vital signs and monitor patient for hypersensitivity reaction for 30 minutes

Inform patient about delayed reactions:

- Symptoms: Flu-like symptoms, arthralgia, myalgia, and fever
- May occur several hours to days after administration and last for 2-4 days
- If persistent or severe, call provider.

Yes →

Stop infusion
Obtain vital signs, assess symptoms, and notify provider

MILD REACTION*:
Pruritis
Flushing
Urticaria
Chest tightness
Back pain
Joint pain

→ Monitor for ≥15 minutes
Maintain IV NS at 25 ml/hr

MODERATE REACTION*:
Shortness of breath
Hypotension (≥20 mmHg decrease SBP or SBP <90 mmHg)
Transient cough
Tachycardia (HR >110 bpm)

→ Monitor for ≥ 15 min
Initiate treatment for MODERATE REACTION per orders (meds, NS bolus)

SEVERE/LIFE THREATENING REACTION, including anaphylaxis:
Loss of consciousness or mental status change
Hypotension (≥40 mmHg SBP decrease or SBP <80 mmHg)
Angioedema of tongue/airway
O_2 Sat <90% (<95% if pregnant)
-OR-
Involvement of ≥2 organ systems:

- Cardiovascular (e.g., hypotension, chest pain)
- Skin (e.g., generalized urticaria, non-airway angioedema)
- Respiratory (e.g., stridor, bronchospasm)
- GI (e.g., vomiting, abdominal pain)

→ Call RRT
Initiate treatment for SEVERE REACTION per orders (meds, O2, NS bolus)

→ Document specific reaction in iCare and Epic for all allergic, adverse, intolerance, and infusion-related reactions (LH 900.407). Consult with care team about adding to allergy list.

Improvement in symptoms?

Yes →

Restart infusion at 50% of initial rate
Provide reassurance to patient
May slowly increase rate if well tolerated after 15 min.
If symptoms recur, then stop infusion

→ Educate patient

No →

Evaluate for Severe reaction/ anaphylaxis

→ SEVERE/LIFE THREATENING REACTION

Reference: Van Doren, L., Steinheiser, M., Boykin, K., Taylor, K. J., Menendez, M., & Auerbach, M. (2024). Expert consensus guidelines: Intravenous iron uses, formulations, administration, and management of reactions. American Journal of Hematology. https://doi-org.lhs.idm.oclc.org/10.1002/ajh.27220

Dev. 7/2024