



**NEPHROLOGY PROGRAM  
DEPARTMENT POLICIES AND PROCEDURES**

**Hemodialysis - Section 07 - Medication - Neph 7-16  
Intravenous Administration of Sodium Ferric Gluconate Complex  
(Ferrlecit®)**

**No.: 00779** (TOH Standardized Policy Number)

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**ISSUED BY:**

Hemodialysis Clinical Practice Committee  
/ TOH Pharmaceutical Services /  
Nephrology Steering Committee

**DATE OF APPROVAL:**

N/A

**APPROVED BY:**

Program Clinical Director and Division  
Head

**LAST REVIEW/REVISION DATE:**

2016/02

**CATEGORY:**

Medication

**IMPLEMENTATION DATE:**

2013/01

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**POLICY STATEMENT:**

- The usual dose of Ferrlecit® is 62.5 mg. Administered IV direct, via the hemodialysis venous infusion line over 30 minutes
- Occasionally, a dose of Ferrlecit® 125 mg may be ordered. Administered as an infusion in 100 mL NS minibag using IV pump over 2 hours via the hemodialysis venous infusion line
- **It is mandatory to administer the first dose of Ferrlecit® via an infusion. The first dose should not exceed 62.5 mg.** Administer as an infusion in 50 mL NS minibag using an IV pump over 1 hour via the hemodialysis venous infusion line
- Ferrlecit® should be given after the first 30 minutes of the hemodialysis treatment to ensure BP is stable, and within the first half of the dialysis treatment. Do not administer Ferrlecit® in the second half of a dialysis treatment
- Total single dose should not exceed 125 mg
- Common series are: 62.5 mg each dialysis X 5, 10 or 15 treatments
- Emergency drugs (epinephrine, diphenhydramine and injectable corticosteroids) and resuscitation equipment must be available in the unit in case of a hypersensitivity reaction

## **PURPOSE:**

- Parental Iron is used for the treatment and/or prevention of iron deficiency anemia associated with Chronic Kidney Disease

## **POTENTIAL ADMINISTRATION HAZARDS:**

- Hypotension with rapid administration
- Hypersensitivity is rare and includes: rash, pruritis, wheezing, hypotension, anaphylaxis
- GI: nausea, vomiting, diarrhea
- Infusion-related reactions: Hypotension associated with fatigue, malaise, lightheadedness, weakness, flushing or severe pain in the chest, back, flanks or groin with too rapid administration; not associated with drug hypersensitivity

## **CONTRAINDICATIONS:**

- Hypersensitivity to Sodium Ferric Gluconate
- Avoid in patients with iron overload

## **SUPPLIES:**

### **IV Direct Administration**

- Ferrlecit® 62.5 mg (1 vial) ***note: use infusion if first dose***
- 10 mL syringe
- 1-18 gauge Blunt needle
- Alcohol swab

### **IV Infusion Administration**

- Ferrlecit® 62.5 mg (1 vial) or Ferrlecit® 125 mg (2 vials)
- 10 mL syringe
- 18 gauge Blunt needle(s)
- Alcohol swabs
- 50 mL NS minibag
- IV tubing
- Medication label

## **DEFINITION(S): N/A**

## **ALERTS:**

Observe patient for signs and symptoms of hypersensitivity and hypotension during and for at least 30 minutes after administration

## **PROCEDURE:**

1. Verify whether the patient is prescribed antibiotics. Refer to Withholding of Routine Ferrlecit® – Section B, if antibiotics are prescribed
2. Perform hand hygiene
3. Prepare medication for administration as per **POLICY STATEMENT** section
4. Measure B/P and pulse prior to administration. Monitor for hypotensive episodes that may occur if injection or infusion is administered too rapidly
5. Administer medication in the venous infusion line as per **POLICY STATEMENT** section
6. Monitor BP and pulse during, and after, administration of Ferrlecit®

### **Section B: Withholding routine Ferrlecit® administration**

## **BACKGROUND STATEMENT:**

- The patient's ability to fight infections may be impaired if receiving parental iron. Ferrlecit® can be held with no adverse consequences and given at a later date

## **Clinical Indications to withhold IV Ferrlecit® include:**

1. If the patient is prescribed p.o. or IV antibiotics, hold the Ferrlecit® dose and resume dosing after course of antibiotics is complete
2. If the patient is febrile (T > 38.0°C) pre dialysis hold the Ferrlecit® dose and have the administration reassessed by the nephrologist/delegate
3. If the patient is receiving antibiotics for greater than 2 weeks, hold the Ferrlecit® and have it assessed by the nephrologist/delegate. Give only if the nephrologist/delegate orders it to be given
4. Resumption of Ferrlecit® after infection has resolved, or antibiotics finished, or physician orders to resume while continuing prolonged antibiotics
  - When a maintenance dose (monthly, twice monthly or weekly) is missed because of concern about infection, there is no need to make up the missed dose(s). You can just resume the regular maintenance dosing schedule
  - When a loading dose series (usually administered every dialysis treatment) is interrupted, this should be resumed where it was interrupted

**DOCUMENTATION:**

1. Document medication administration in the “Meds Admin” screen of NephroCare
2. Document adverse events in NephroCare using the word Ferrlecit in the progress note
3. Complete PSLs as appropriate

**RELATED POLICIES / LEGISLATION: N/A****REFERENCES:**

1. TOH Pharmaceutical Services expert opinion
2. TOH Pharmacy and Therapeutics Committee Drug Evaluation (September 2012)
3. TOH Parenteral Drug Therapy Manual (Thirty-Sixth ed..) (2015). Ferric Gluconate Complex (Ferrlecit®) p. 218

**COMMENTS / SIGNIFICANT REVISIONS: N/A**