Iron supplementation for home haemodialysis patients

[Ferritin < 200 ng/ml and TSAT < 20%]

During Home Training:
- As per ward protocol

When patient at home:
- Need for iron infusion is monitored by the Nephrologist
- Patient will self administer as per training or contact Syndey Dialysis Centre (SDC) for assistance
- Patient can attend Home Training for assistance if unsure of method

Indications for intravenous iron infusion:
- Intolerance to oral iron
- Iron deficiency or suboptimal response to ESA therapy despite oral iron supplementation

Intravenous iron infusion:
- Instructions for IV iron infusion given during home training or by SDC

Recommended dosage schedule:
- IV iron 100 mg each dialysis session for 10 consecutive sessions unless contraindicated
- Check Fe studies 1 month after completion of course or when bloods next due
- Once optimal iron parameters are achieved, titrate IV iron to monthly dose or as per Nephrologist

Initial infusion:
- Given during home training session or under supervision by SDC
- Dilute 100 mg IV iron in 100 mls 0.9% normal saline and infuse via an infusion control device at a rate of 15 mls/hr for the first 30 minutes (program pump for rate 15 mls/hr and volume 7.5 mls)
- In the absence of a reaction, increase pump speed to 120 mls/hr

Subsequent infusions:
- Call SDC or Home Training Nurse for assistance if unsure of method
- Draw up 100 mg IV iron into a 20 ml syringe and dilute to a volume of 20 mls with 0.9% normal saline
- Turn down blood flow rate to 200 ml per minute
- Swab arterial port and administer as a bolus slowly over 2 – 5 minutes towards the end of dialysis
References:


15. Strippoli G F M, Navaneethan S D, Craig J C, Palmer S C. Haemoglobin and haematocrit targets for the anaemia of chronic kidney disease. Cochrane database of
