

# Belvidere Health Centre

## Iron Infusion Clinic Referral form



### Patient

Date of Referral		DOB		Age	
Name				Gender	
Address					
Home Number		Mobile			

### Carer/Emergency Contact Information

Name		Relationship to patient	
Home Number		Mobile Number	

### Referring Doctor (Hospital/Outpatient Clinic)

Name			
Hospital Dept/Clinic			
Address			
Phone		Fax	
Mobile		Email	

### Referring GP

Name		Provider Number	
Practice Name			
Address			
Phone		Fax	
Mobile		Email	

### Reason for iron deficiency:

<input type="checkbox"/> Intolerance to oral iron (despite modification of dose and frequency) <input type="checkbox"/> Non-compliance with oral iron <input type="checkbox"/> Lack of efficacy with therapeutic doses of oral iron <input type="checkbox"/> Ongoing iron (blood loss) exceeding absorption <input type="checkbox"/> Intestinal malabsorption of iron <input type="checkbox"/> Absolute or functional iron deficiency in patients with cardiac failure <input type="checkbox"/> Severe iron deficiency needing rapid iron repletion to prevent transfusion <input type="checkbox"/> Short time to non-deferrable surgery associated with substantial blood loss
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### Contraindications:

<input type="checkbox"/> Anaemia not due to iron deficiency <input type="checkbox"/> Iron overload or disturbances of iron utilization <input type="checkbox"/> Known hypersensitivity to IV or IM iron <input type="checkbox"/> Pregnancy (refer to KEMH) <input type="checkbox"/> Patients < 16yrs age (refer to PMH) <input type="checkbox"/> Serum Ferritin >30 µg/L ( <b>without diagnosis</b> )
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### Precautions:

<input type="checkbox"/> Significant hepatic dysfunction <input type="checkbox"/> Acute or chronic infection <input type="checkbox"/> Patients with allergic disorders
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Allergies			
Weight		Intravenous Infusion	<input type="checkbox"/> 1000mg <input type="checkbox"/> 500mg
<input type="checkbox"/> List or attach Medical History and Medications Summary			
<input type="checkbox"/> List or attach Current Pathology Report for HB and Ferritin			
<input type="checkbox"/> Fax Hospital Ferinject® script for 1000mg/500mg to Belmont Family Pharmacy: (08) 9277 2736 and attach copy of script to referral			



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**Information on dosage per infusion:**

- Maximum dose of Ferric Carboxymaltose (Ferinject®) per infusion is **20mg/kg to maximum of 1000mg**. Use ideal body weight in overweight patients.
- **The first dose** of Ferric Carboxymaltose (Ferinject®) is given at 20mg/kg to a maximum of 1000mg.
- **A second dose** may be given  $\geq 1$  week later to replace the remainder of the calculated total body iron deficit (see table below) but not exceeding maximum dose per infusion of 20mg/kg to a maximum of 1000mg.
- **In patients with ongoing blood loss or requiring surgery** associated with substantial blood loss, 20mg/kg to a maximum of 1000mg can be given for both doses.

**ADULT: Approximate total body iron deficit & dosage per infusion of Ferric Carboxymaltose (Ferinject®) – circle appropriate box.**

Hb (g/L)	*Body weight 35 to <50 kg	*Body weight 50 to <70 kg	*Body weight $\geq 70$ kg
#Hb $\geq 100$ g/L	<b>Total deficit: 1000 mg</b> 1st dose: 500 mg 2nd dose: 500 mg	<b>Total deficit: 1000 mg</b> 1st dose: 1000 mg 2nd dose: not required	<b>Total deficit: 1500 mg</b> 1st dose: 1000 mg 2nd dose: 500 mg
#Hb <100 g/L	<b>Total deficit: 1400 mg</b> 1st dose: 700 mg 2nd dose: 700 mg	<b>Total deficit: 1500 mg</b> 1st dose: 1000 mg 2nd dose: 500 mg	<b>Total deficit: 2000 mg</b> 1st dose: 1000 mg 2nd dose: 1000 mg

*\*Use ideal body weight in overweight/obese patients (If underweight, use actual body weight).*

A woman's ideal body weight (medium frame) will be  $\geq 50$ kg if her height is  $\geq 157$  cm or  $\geq 5'2$   
 A man's ideal body weight (medium frame) will be  $\geq 50$ kg if his height is  $\geq 152$  cm or  $\geq 5'0$

Referring Doctors Signature		Date	
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Please fax referral to Belvidere Health Centre on (08) 6253 2199 OR email the referral to [ironclinic@archehealth.com.au](mailto:ironclinic@archehealth.com.au). For any enquiries regarding services please contact us on (08) 6253 2100.

**OFFICE USE ONLY**

Suitable For Appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Clinic Nurse Signature		Date	

