



## Guideline summary

### Iron

#### Recommendations\*

- Achieve and maintain haemoglobin above 110 g/L (see Hb guideline)
- Iron stores:

	Prior to starting ESA <sup>†</sup>	During ESA therapy
<b>Serum ferritin</b>	> 100 µg/L	200–500 µg/L
<b>TSAT</b>	> 20%	30–40%

<sup>†</sup>ESA (erythropoiesis stimulating agent)

#### Suggestions for clinical care<sup>†</sup>

- IV iron may be needed at initiation of ESA
- If serum ferritin is > 500 µg/L (or TSAT > 40%), withhold IV iron for up to 3 months, re-measure
- When serum ferritin declines to < 500 µg/L (or TSAT < 40%), IV iron can be resumed at a reduced dose/frequency.

#### Monitor iron levels:

- Stable patients NOT on ESA and for patients on ESA who have attained target haemoglobin: 3-monthly
- At initiation of ESA therapy or during period of increased ESA dose: monthly
- Delay monitoring after intravenous iron:
  - iron dose < 200 mg: monitor after 1 week
  - iron dose > 200 mg: monitor after 2 weeks

#### Administration:

##### Haemodialysis (HD)

- IV iron is preferred
- Repetitive dosing is required:
  - IV iron polymaltose: 100 mg dose/week or as a 500–1000 mg bolus
  - IV iron sucrose: 100 mg as slow IV push or 200 mg over 10 minutes

##### Peritoneal Dialysis (PD)

- Can be oral iron ferrous salts, daily dose of 100–200mg (single dose at night, no food or medicines)
- OR bolus of IV iron. - administered slowly using veins that will not be used for HD vascular access.

**Data Sources:** Medline; Cochrane CENTRAL Register of Controlled Trials (Cochrane Library).

**Study Selection and Assessment:** Guidelines were developed using high level (I – II) evidence (i.e. systematic reviews of RCTs or standard RCT studies) when available, otherwise observational studies (level III – IV evidence) such as cohort, case-control and case series studies were used.

**Full guideline recommendations:** [http://www.cari.org.au/DIALYSIS\\_bht\\_published/Iron.pdf](http://www.cari.org.au/DIALYSIS_bht_published/Iron.pdf)

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\*Level 1-II evidence, † Level III-IV evidence

# Implementation of this guideline into practice

- Ensure there is an up to date policy and procedure document for your unit and that all staff are aware of their role in the process.
- Evaluate regularly, are you achieving the targets?
- Below is a suggested clinical pathway, it can be adapted to suit the needs of your unit
- If possible, set up a standing order for iron which the dialysis nurses are responsible for under consultation with the nephrologist/s
- Proactively keep ferritin/TSAT levels within targets rather than only responding when they fall below targets

