



Riverbend Medical Center Regional Infusion Center (RIC)
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IRON SUCROSE INFUSION (v. 10/31/2024)

Diagnosis/Indication: _____

Medications:

- .. Standard protocol (can be used in pregnancy if preferred): Iron sucrose 200 mg in 100 mL of normal saline over 30 minutes IV x 5 doses within 14 days
- .. Pregnant patients: Iron sucrose 300 mg in 250 mL of normal saline over 1.5 hours IV on day 1 and 8 then 400 mg in 250 mL of normal saline over 2.5 hours IV on day 15
- .. Methylprednisolone 125 mg IV x 1 dose (pre-iron infusion- optional)
- .. Sodium chloride 0.9% at 100 mL/hr, use smallest volume bag possible. Run concurrent with iron infusions as needed for vein discomfort (optional)

*Maximum iron sucrose dose 1000 mg in 14 day period

Nursing communications:

- Vital signs: Initial and as needed
- Monitor patient for signs and symptoms of hypersensitivity (anaphylaxis, flushing, dyspnea, tachycardia, increased blood pressure)
- Slow rate 50% for rate-related reactions like chest discomfort

Access:

- .. Insert peripheral IV
 - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Emergency Medications:

- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name _____

Provider printed name: _____

DOB _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____