Occasionally King Edward Memorial Hospital (KEMH) receives requests to administer intravenous (IV) iron to obstetrics and gynaecology patients (currently receiving treatment for their condition in a public hospital) at high risk of a reaction to the drug due to their medical history. Requests can only be received through the formal process of the Central Referral Service (CRS) for gynaecology patients or through the KEMH central fax (6458 1031) for obstetric patients. Requests will only be reviewed which comply with current KEMH guidelines and the patient is within catchment for KEMH.

**Aim**

This guideline provides information on the process to be followed to ensure a multidisciplinary evaluation of the request, risk assessment and ensure the hospital receives the appropriate funding for the procedure.

**Procedure**

1. If the Obstetric or gynaecology patient deemed too high risk for IV iron in non-tertiary centre. The responsible Clinician makes referral via CRS (Gynae) or KEMH central fax (Obstetric - 6458 1031) for specialised treatment at KEMH.
2. KEMH Referral Co-ordinator receives referral. The referral is triaged by CNC Haematology.
3. The triage includes: review previous reaction and risk factors, blood results, previous iron therapy and assessment against current KEMH Clinical Guidelines.
4. KEMH Obstetric or Gynaecology HOD reviews case individually to make assessment of suitability for IV iron therapy at KEMH which may include other members of the multi-disciplinary team.
5. If the patient is considered suitable for IV iron at KEMH; then the KEMH HOD will decide if patient needs to be seen pre-procedure in clinic, allocate the patient to a responsible medical team – to prescribe iron and concomitant therapy, respond to any non-life threatening events during treatment and preparation of the discharge summary (to ensure the funding is received).
6. If the patient is considered **not** suitable for IV iron at KEMH; then the CNC Haematology will contact referring centre and advise on other alternative
Iron Infusions referrals for Obstetrics and Gynaecology patients deemed high risk for iron infusions within non-tertiary care strategies to manage patient and indicate decision for non-administration IV iron.

**In summary**

1. Obstetric or gynaecology patient deemed too high risk for IV iron in non-tertiary centre
2. Responsible Clinician makes referral via CRS (Gynae) or KEMH central fax (Obstetric) for specialised treatment at KEMH
3. KEMH Referral Co-ordinator receives referral. Triaged by CNC Haematology
4. Triage includes: review previous reaction and risk factors, blood results, previous iron therapy and assessment against current KEMH Clinical Guidelines
5. KEMH Obstetric or Gynaecology HOD reviews case individually to make assessment of suitability for IV iron therapy at KEMH which may include other members of the multi-disciplinary team
6. Suitable for IV iron at KEMH
7. Not suitable for IV iron at KEMH

**Assessment includes:**
- deciding if patient needs to be seen pre-procedure in clinic, allocation of responsible team – to prescribe iron and concomitant therapy, respond to any non-life threatening events during treatment and preparation of the discharge summary
- CNC Haematology will contact referring centre and advise on other alternative strategies to manage patient and indicate decision for non-administration IV iron

**References and resources**
- Specialist Outpatient Services Access Policy. Operational Directive OD 0530/14

**Related policies**
- Central Referral Allocation – Outpatient Services. Operational Directive OD 0503/14

**Related WNHS policies, procedures and guidelines**
- Clinical practice Guideline Iron therapy
Iron Infusions referrals for Obstetrics and Gynaecology patients deemed high risk for iron infusions within non-tertiary care

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<th>Keywords:</th>
<th>Iron infusion, high risk iron infusion, referrals for high risk iron infusion, iron therapy, iron infusions Obs and Gynae,</th>
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<tr>
<td>Document owner:</td>
<td>Obstetrics Gynaecology and Imaging Directorate (OGID)</td>
</tr>
<tr>
<td>Author / Reviewer:</td>
<td>O&amp;G Evidence Based Clinical Guidelines</td>
</tr>
<tr>
<td>Date first issued:</td>
<td>27/09/2017</td>
</tr>
<tr>
<td>Last reviewed:</td>
<td></td>
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<tr>
<td>Endorsed by:</td>
<td>Obs, Gynae &amp; Imaging Directorate Management Committee</td>
</tr>
<tr>
<td>Date:</td>
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