PARENTERAL THERAPY

INTRAVENOUS IRON THERAPY

MIDWIFERY / NURSING MANAGEMENT OF A REACTION TO AN IRON INFUSION

Keywords: Iron infusion, intravenous iron, ward 4 infusion unit, iron therapy, infusion reaction, allergy

AIM

- The appropriate management of a woman who has a reaction to an iron infusion.

ADVERSE REACTIONS

May include:

- Skin itching and urticaria
- Bronchospasm, dyspnoea
- Back pain
- Nausea, indigestion, abdominal pain
- Headache
- Hypotension
- Tachycardia
- Joint or muscle pain
- Syncope
- Circulatory collapse
- Extravasation of intravenous iron into the surrounding tissues (see Clinical Guideline: O&G: Iron Therapy: Management of Infiltration / Extravasation of IV Iron Therapy).

NB Adverse reactions may be more likely in women with a history of asthma, other allergic conditions and / or folic acid deficiency.

Patients with rheumatoid arthritis and possibly other inflammatory diseases (e.g. ankylosing spondylitis, lupus erythematosus) may be at particular risk of delayed reactions including fever and exacerbation or reactivation of joint pain.

Concomitant administration of angiotensin converting enzyme (ACE) inhibitors may increase the incidence of adverse effects associated with parenteral iron preparations e.g. erythema, abdominal cramps, nausea, vomiting and hypotension.

PROCEDURE

1. **STOP** the infusion.
2. **In hours:** Immediately inform the responsible team’s RMO and request review within 5 minutes.
3. **Out of hours:** immediately inform the:
   - After Hours RMO (PAGE 3218) and / or Registrar (PAGE 3203) and request review within 5 minutes.
   - Hospital Clinical Manager
   - Ward 4 co-ordinator
4. **Call a ‘code blue medical’ if any of the following occur:**
   - Airway – stridor, facial or neck swelling
   - Breathing – respiratory rate > 30 or oxygen saturation < 90%
   - Circulation – heart rate > 130bpm or < 40 bpm, or systolic blood pressure < 90mmHg
   - Altered conscious state
   - Any serious concerns
5. Perform and record observations as indicated by the woman's condition including
   - Heart rate
   - Respiratory rate
   - Blood pressure
   - Oxygen saturations
   - Consider ECG and cardiac monitoring
   - If the woman is pregnant, perform a CTG when her condition has stabilised to assess fetal wellbeing for a minimum of 20 minutes.

6. Complete an electronic CIF when appropriate.


REFERENCES / STANDARDS

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<th>National Standards –</th>
<th>1- Care Provided by the Clinical Workforce is Guided by Current Best Practice</th>
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<tr>
<td></td>
<td>1- Incident Management and Reporting</td>
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<td>9- Recognising and Responding to Clinical Deterioration</td>
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<tr>
<th>Legislation</th>
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<tr>
<td>Related Policies</td>
<td>A 4.13 Iron Therapy</td>
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<td>Other related documents</td>
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RESPONSIBILITY

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<th>Policy Sponsor</th>
<th>Nursing &amp; Midwifery Director OGCCU</th>
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<tr>
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<td>March 2010</td>
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<tr>
<td>Last Reviewed</td>
<td>July 2014</td>
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