

Chronic Maintenance In-Center Hemodialysis Standing Orders - Iron

Sodium ferric gluconate (Na Ferric Gluc Cplx in Sucrose) (ICD10- D63.1)

1. **Goal:** Iron saturation 30 - 50%
2. **Labs:** (ICD10 = E83.10)
 - a. Draw iron labs quarterly (ferritin and iron saturation) Jan.–Apr.-Jul.–Oct.
 - b. Wait a minimum of 7 days after the last dose of Sodium ferric gluconate before drawing iron labs.
3. **Hemoglobin:**
 - a. If hemoglobin is greater than or equal to 12 g/dL or ferritin is greater than or equal to 1000 ng/mL, hold Sodium ferric gluconate.
 - b. When hemoglobin then decreases to less than 12 g/dL and ferritin decreases to less than 1000ng/mL, restart iron per protocol.
4. **Infection/Antibiotics:** HOLD IV iron if patient has an infection requiring IV antibiotics. If patient is still receiving IV antibiotics more than 2 weeks, then can resume IV iron dosing at that time.
5. **Sodium ferric gluconate dosing:**
 - a. Based on most recent iron labs, give IV Sodium ferric gluconate per table below.
 - b. Doses with frequency “every run” may be given up to 3x/week depending on patient’s dialysis schedule.
 - c. Maintenance dosing: 125 mg given every 4 weeks. Dose should start the second full week of the month (mid-week run preferable). A full week is defined as a week in which the Sunday falls in the calendar month.

If	Actions
Iron Saturation	IV Sodium ferric gluconate Dose
< 20%	125 mg every run ×6, then give monthly maintenance dose the following month
20 - < 30%	125 mg every run ×3, then give monthly maintenance dose the following month
30 - 50%	125 mg every month (maintenance dose)
> 50%	Hold Sodium ferric gluconate, recheck iron saturation every month <i>until iron saturation falls below 50% again.</i> Follow rules above.

Matthew Rivara, MD

 Physician Name (Please Print)

Patient Name _____
 MEC reviewed 11.14.24

NKC# _____
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