

## Intravenous Iron Infusion

### PATIENT CONSENT

#### WHAT IS AN INTRAVENOUS IRON INFUSION?

An intravenous Iron Infusion is an iron replacement treatment, intravenously administered to treat iron deficiency anemia, when oral iron supplements are ineffective, poorly tolerated, or inappropriate. During the treatment, the iron solution is delivered directly into the bloodstream via an intravenous (IV) line, ensuring rapid and efficient absorption. One of two iron solution may be used for the infusion; Ferinject which contains iron in the form of ferric carboxymaltose, and Monofer which contains iron in the form of ferric derisomaltose.

#### RISKS AND COMPLICATIONS

As with all medicines and medical procedures, there are risks and complications associated with this treatment. Risks can vary based on an individual's specific health conditions and circumstances. Risks include, but are not limited to:

##### Common risks and complications (occurs in under 1-10% of cases):

- ✿ Headache
- ✿ Dizziness
- ✿ Flu like symptoms
- ✿ High or low blood pressure
- ✿ Flushes
- ✿ Nausea
- ✿ Bruising or skin reaction at the infusion site
- ✿ Low blood phosphate levels (Ferinject only)

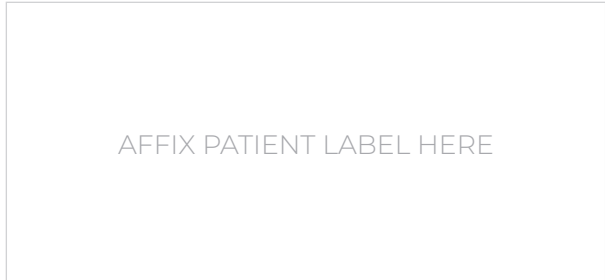
##### Uncommon risks and complications (occurs in under 1% of cases):

- ✿ **Skin discolouration / staining:** skin discolouration may occur due to leakage of iron at the injection site. Whilst uncommon, the discolouration can be long lasting or permanent.
- ✿ **Anaphylaxis:** Whilst rare, anaphylaxis is a serious and potentially life-threatening allergic reaction. The onset of symptoms usually occurs within the first few minutes of infusion and is characterised by breathing difficulties. Patients are closely monitored for signs of anaphylaxis throughout and following the treatment.
- ✿ Hypersensitivity
- ✿ Hypotension
- ✿ Vomiting
- ✿ Abdominal pain
- ✿ Itchiness
- ✿ Rash
- ✿ Fever, fatigue, chills
- ✿ Numbness / tingling of hands / feet
- ✿ Shortness of breath
- ✿ Indigestion
- ✿ Constipation
- ✿ Hives (urticaria)
- ✿ Back and / or chest pain
- ✿ Swelling of hands, ankles or feet
- ✿ Increased heart rate
- ✿ Taste disturbance
- ✿ Flatulence
- ✿ Diarrhoea
- ✿ Skin redness (erythema)
- ✿ Joint, muscle pains / spasms

#### CONTRAINDICATIONS

Intravenous Iron Infusion is **not suitable** for some patients. Please tick if you:

- |                                                                  |                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Are currently taking antibiotics        | <input type="checkbox"/> Have an iron overload or disturbances in iron utilisation            |
| <input type="checkbox"/> Are in the first trimester of pregnancy | <input type="checkbox"/> Have non-iron deficiency related anaemia                             |
| <input type="checkbox"/> Are under the age of 14                 | <input type="checkbox"/> Have liver disease, infection or inflammation of the kidney or liver |
| <input type="checkbox"/> Are allergic to ferric carboxymaltose   | <input type="checkbox"/> Have or have had low blood phosphate levels                          |
| <input type="checkbox"/> Have an infection                       | <input type="checkbox"/> Have had an anaphylactic reaction to an iron infusion in the past    |



## Intravenous Iron Infusion

### PATIENT CONSENT

#### CONSENT

- a. I hereby authorise an Iron Infusion Clinic nurse / doctor to perform the following Intravenous Iron Infusion treatment on myself.
  - Ferinject Ferric carboxymaltose
  - Monofer Ferric derisomaltose
- b. I have received the Intravenous Iron Infusion Patient Information Sheet.
- c. In the event of an emergency, anaphylactic reaction or life-threatening event during treatment, I authorise the staff of The Iron Infusion Clinic to:
  - Administer all necessary first aid and / or resuscitation measures.
  - If required, call an ambulance (at my own cost)
  - Contact my Emergency Contact
- d. I confirm that any underlying medical conditions for which this treatment is required has, or is being investigated and managed by my General Practitioner (GP) or specialist.
- e. I understand and consent to the costs associated with this treatment.
- f. I understand that it may be necessary to reschedule the infusion if a suitable vein can not be found.
- g. I understand that I have the option of not proceeding with the treatment.
- h. I have been shown a photo of skin discolouration/staining associated with intravenous iron infusion and agree to proceed with the treatment.
- i. I confirm that the Intravenous Iron Infusion treatment has been explained to me in detail, including potential risks and complications and I have had the opportunity to have my questions answered satisfactorily.

**Patient or Person Authorised to Sign on Behalf of Patient:**

**Doctor / Nurse**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_