

Cosmofer[®] for antenatal patients

Intravenous iron treatment for iron-deficiency anaemia in pregnancy

Patient consent and prescription form

This form contains:

- Information about when to prescribe an iron infusion
- Risks, side effects and patient consent form
- Cosmofer prescription form and dose calculation table

Date _____ Patient's consultant _____ Current gestation _____

Booking weight (kg) _____ Current Hb level (g/l) _____

ALLERGIES: _____

When to offer an iron infusion (Cosmofer[®]) in pregnancy:

Cosmofer is indicated when ALL the following are true:

Tick to confirm if true

1. Patient is more than 14 weeks gestation and has an Hb of < 105 g/L
2. The patient has iron deficiency anaemia* and has not responded or tolerated oral iron † OR needs rapid increase in iron stores
3. The patient consents to an iron infusion

*Confirmed by ferritin levels < 30µg/L with microcytic or normocytic anaemia, and no haemoglobinopathy

†A rise in Hb should be demonstrable by 2 weeks after commencing oral iron and confirms iron deficiency anaemia¹

Risks and side effects of Cosmofer®

Cosmofer® is generally given without issue. Approximately 5% patients will experience side effects from a Cosmofer® infusion¹. It is important to ensure the patient is aware of the risks and potential side effects below:

CONTRAINDICATIONS

1st Trimester, severe asthma, severe renal or hepatic impairment, eczema, atopy, active rheumatoid arthritis, infection

Risks

Hypersensitivity and anaphylaxis can occur with parenteral iron infusion although this is uncommon².

SIDE EFFECTS²

Uncommon (1 in 100 to 1 in 1,000) – Abdominal pain, cramps, nausea and vomiting, cramps, dyspnoea, flushing, blurred vision, numbness, itching, rash

Rare (1 in 1,000 to 1 in 10,000) – Angiodema, arrhythmias, arthralgia, chest pain, diarrhoea, dizziness, fatigue, hypotension, impaired consciousness, injection site reactions, myalgia, restlessness, seizures, sweating, tremor, tachycardia

Very rare (<1 in 10,000) – Haemolysis, headache, hypertension, palpitations, paraesthesia, transient deafness

Patient consent for intravenous iron (Cosmofer®) infusion

I acknowledge and understand that the proposed treatment of an intravenous iron transfusion(s) (Cosmofer®) has been explained to me and is to be performed on me, the patient:

- **Benefits** – To treat iron deficiency anaemia in pregnancy
- **Risks** – Intravenous iron can cause serious hypersensitivity reactions which can be fatal. The risk of sensitivity is increased in patients with known allergies, immune or inflammatory conditions as well as patients with a history of severe asthma or eczema.
- **Side effects** as listed above
- The potential alternatives of an iron transfusion (blood transfusion or oral iron therapy) have been offered (if appropriate) and explained to me.
- I have been given a copy of the patient information leaflet about iron transfusions
- I have been given the opportunity to ask questions about the treatment
- I understand I can withdraw my consent at any time

Patient signature: _____

Date: _____

Patient name: _____

Cosmofer® prescription and dose calculation table

- Cross reference booking weight (use ideal body weight if >90kg, see over) with current haemoglobin level.
- The figure in the box represents the dose of IV iron (Cosmofer®) required in mg.
- If this dose is in a shaded box, then the dose must be divided into two infusions given at weekly intervals as it is above the upper limit for a single infusion. Maximum dose of iron per infusion is 20mg/kg body weight. You can consider using the next lowest single administration dose.

Table for target Hb 110 g/l					
Booking Weight (kg)	Current Haemoglobin (g/l)				
	60	70	80	90	100
35	900	825	750	650	575
40	975	875	775	675	575
45	1025	925	800	700	600
50	1100	975	850	725	600
55	1150	1025	875	750	625
60	1200	1075	925	775	625
65	1275	1100	950	800	650
70	1325	1150	1000	825	650
75	1400	1200	1025	850	675
80	1450	1250	1075	875	675
85	1500	1300	1100	900	700
90	1575	1350	1125	925	700

* Denotes sections to be completed by prescriber

*TOTAL DOSE OF IV IRON (Cosmofer®) =mg to be administered over infusion(s).

*Planned infusion dates	*Cosmofer® dose to be administered	Volume to be given over 15 minutes initially (see over, calc by pharmacy)	Pharmacy prepared by / date	Administered by / date
Infusion 1:mg	$(500\text{ml} \div \text{dose of Cosmofer mg}) \times 25\text{mg}$ = millilitres		
Infusion 2: (if required)mg	$(500\text{ml} \div \text{dose of Cosmofer mg}) \times 25\text{mg}$ = millilitres		

*Signature of prescribing Consultant/Registrar.....Date:.....

Oral iron should be stopped for 5 days after infusion

Appendix

Calculation of ideal body weight

Use ideal body weight to calculate dose if booking body weight is over 90 kg. Do not use doses higher than shown on the table.

Ideal body weight in females (kg) = 45kg + (2.3 x every inch over 5 feet in height)

Preparation

Cosmofer® infusions will normally be prepared the day before treatment, therefore the prescription must be received in pharmacy in advance. For same day requests of Cosmofer® please contact pharmacy on extension 4880 to check capacity prior to prescribing.

Administration -

The Cosmofer® infusion should be given by the intravenous route via an infusion pump. A test dose is not required however the first 25mg of the infusion should be administered over 15 minutes to reduce the incidence of reaction. Pharmacy will calculate this using the following equation:

$(500\text{ml} \div \text{Dose of Cosmofer}^{\circledR} \text{ mg}) \times 25\text{mg} = \text{X ml to be given over 15 minutes initially}$

The total dose is given by infusion over 4-6 hours (rate of infusion gradually increased to 125ml/hr over 4 hours or 83ml/hr over 6 hours).

The total dose of iron will be prepared in 500ml sodium chloride 0.9%.

Monitor the patient during the infusion and for 30 mins after each administration of an IV iron product. IV iron products should only be administered when staff trained to evaluate and manage anaphylactic reactions as well as resuscitation facilities are immediately available. Patients should be monitored for signs or symptoms of anaphylaxis, mild allergic reactions, hypotension and extravasation.

PLEASE RETAIN A COPY OF THIS COMPLETE FORM IN THE PATIENTS NOTES

References

- 1) Pavord, S., Myers, B., Robinson, S., Allard, S., Strong, J., Oppenheimer, C. and on behalf of the British Committee for Standards in Haematology (2012), UK guidelines on the management of iron deficiency in pregnancy. *British Journal of Haematology*, 156: 588–600. doi:10.1111/j.1365-2141.2011.09012.x
- 2) JOINT FORMULARY COMMITTEE, 2017. *British National Formulary*. 73. London: BMJ Group and Pharmaceutical Press