

Prescribing & Administration Information for Monofer® (ferric derisomaltose)

Patient name: Date of birth: CHI no.: <i>Affix patient label</i>	Drug Allergies / Sensitivities None Known <input type="checkbox"/> Yes <input type="checkbox"/> Details: _____
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Step 1: Calculate WEEKLY dose for intravenous infusion

Patient weight* (kg): _____ <small>*Use actual body weight</small>	Hb (g/L): _____ on ____ / ____ / ____
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Monofer® doses for range of Hb and body weight

Weight (kg)*	Hb < 100g/L		Hb ≥ 100g/L and < 130g/L	
	Week 1	500mg	Week 1	500mg
25-49	Week 1	500mg	Week 1	500mg
	Week 2	500mg		
50-69	Week 1	1,000mg	Week 1	1,000mg
	Week 2	500mg		
70-74	Week 1	1,000mg	Week 1	1,000mg
	Week 2	1,000mg	Week 2	500mg
75-99	Week 1	1,500mg	Week 1	1,500mg
	Week 2	500mg		
≥100	Week 1	2,000mg	Week 1	1,500mg
	Week 2			

Dependent on clinical judgement the 2nd administration could await further laboratory tests

Step 2: Prescribe on ONCE ONLY section of Kardex

Step 3: Prescribe on infusion chart

Monofer® (ferric derisomaltose)				
Dose	500mg	1,000mg	1,500mg	2,000mg
Volume (100mg/ml vial)	5ml	10ml	15ml	20ml
Infusion fluid	100ml sodium chloride 0.9%			
Infusion rate	200 ml/hour over 30 minutes			

Complications

Hypersensitivity reactions Can be life-threatening Caution is needed with every dose	Extravasation Can cause PERMANENT brown skin staining
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Step 4: Complete checklist for administration

Pre-infusion		Initial when complete
Oral iron stopped <i>at least 48 hours</i> prior to infusion		
Patient received information leaflet		
Patient aware of risks and benefits and happy to proceed with treatment		
Patient aware to notify staff immediately if they: <ul style="list-style-type: none"> feel unwell experience pain / discomfort at PVC site 		
Facilities for cardio-pulmonary resuscitation available		
Adequate supervision available NOT for out of hours administration		
During infusion		
STOP infusion immediately if: Symptoms of an allergic reaction. Infusion is not flowing freely. Swelling / discomfort / burning / pain.	Baseline	Observations (NEWS)
		PVC check*
	+ 15 mins	Flush the PVC#
		Observations (NEWS)
	30 mins post infusion	PVC check*
		Flush the PVC#
Remove PVC		
*as per PVC care plan #with a minimum of 5ml of 0.9% sodium chloride (using a 10ml syringe) administer using a push pause technique		
Post-infusion		
Arrange appointment for subsequent infusion(s) (if required). Minimum of 7 days between infusions		
Ensure follow up plan in place to recheck Hb and ferritin after 1 month		
Document details of treatment on clinical portal via discharge letter / outpatient clinic letter		