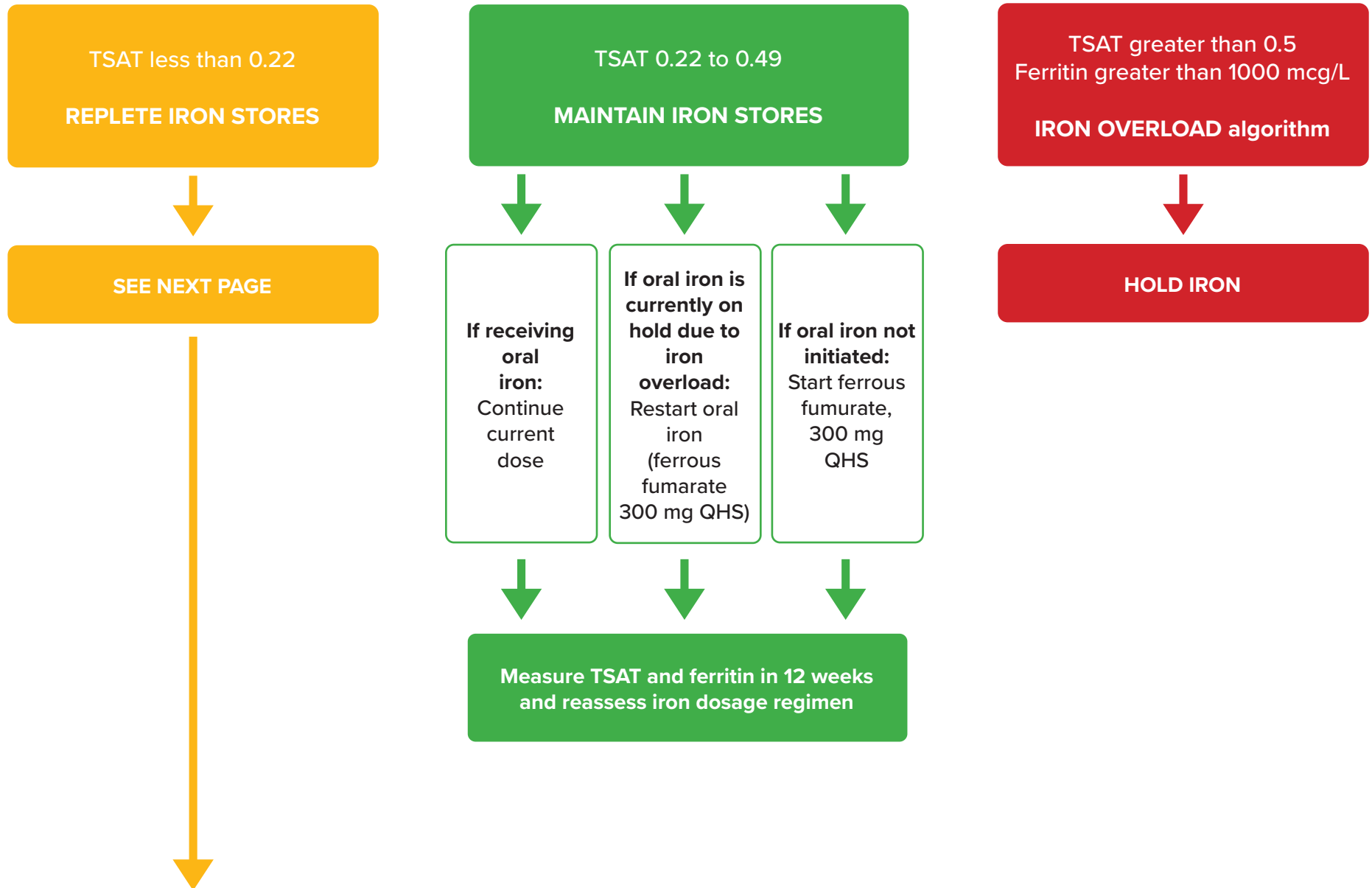


Home Hemodialysis Guideline: Iron Repletion Algorithm



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TSAT less than 0.22
REPLETE IRON STORES



START IRON LOADING DOSE

Consider tool for Fecal Immune Testing x 3 if over age 50 or concerns of GI pathology contributing to iron deficiency.

If patient currently on no iron treatment:

Initiate ferrous fumarate, 300 mg po QHS and remeasure TSAT and ferritin in 6 to 12 weeks.



If patient currently prescribed oral iron therapy:

- Assess iron compliance and proper administration
- Increase ferrous fumarate by 300 mg/ day to maximum 900 mg/day

Notify MD if iron parameters remain low after 3 consecutive months.

If oral iron is ineffective or patient intolerant, consider IV iron supplementation in clinic.



RECOMMEND IV IRON PROTOCOL

Continue monitoring TSAT and ferritin every 6-12 weeks as per local program policy (and 2 weeks after IV iron infusion)

Suggested Regimen:

- iron sucrose 200-300mg over 2-3 hours as per local practice and policy
- Iron isomaltoside 500 or 1000 mg IV infusion times vary

Following IV iron infusion, consider starting ferrous fumarate 300 mg QHS (if tolerated).