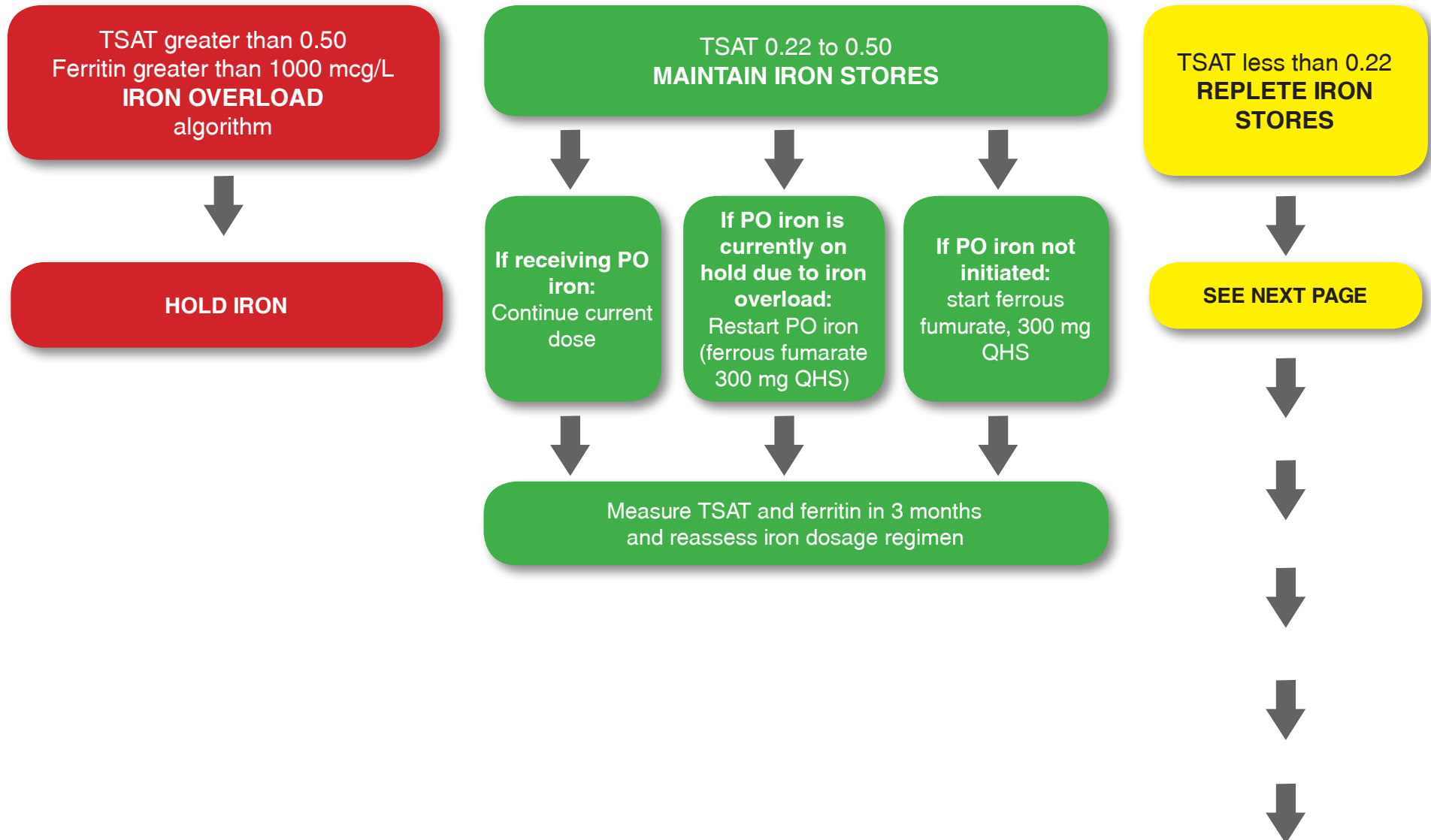


In 2013, Health Canada released a 'Black Box' notice regarding the use of IV iron in an unmonitored setting. Therefore, IV iron for home hemodialysis patients is now contraindicated.



**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 ineffective or patient intolerant, consider IV iron supplementation in clinic.



RECOMMEND IV IRON PROTOCOL

Continue monitoring TSAT and ferritin q3 months (and 2 weeks after IV iron infusion)

Suggested Regimen:

Ferumoxytol, 510 mg IV over 15 minutes in a clinic setting for monitoring and repeat x 1 if necessary.

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