Anemia: Treatment of Fe Deficiency

- Iron deficiency identified as etiology of patient’s anemia (see Anemia Diagnosis protocol)

- Treat with oral FeSO₄ (325 mg PO TID)
- Somewhat decreased iron absorption if taken with meals or antacids
- Reinforce need to continue prenatal vitamins to assure adequate supplementation with 250 mg Vit C
- Consider Colace 100 mg PO BID if constipation present

- If poor tolerance, consider oral iron elixir (5 ml PO BID; take with straw to prevent staining of teeth)

- Recheck hematocrit in 4 weeks

- No longer anemic
  - Maintain supplementation with FeSO₄ 325 mg PO Q day

- Still anemic
  - Assess compliance
  - Consider change to oral elixir if on Fe tabs
  - Perform stool guaiac
  - Nutrition consult
  - Consider pica

- Good compliance; negative stool guaiac

Intravenous Iron Protocol (Sodium ferric gluconate-Ferrlecit ©)

- Consider IV iron if Hct remains below 27%
- Total iron dose: 1000 mg
- Administer total dose in divided doses (max. 125 mg iron) to be given at a maximum frequency of one dose per day (total dose can be given over 8 days)
- Admit to L&D or antepartum unit as outpatient for infusion
- Notify OB anesthesia

Enter the following orders into EPIC:

- Start 18-20 gauge IV; check serial BP’s and pulse q 15 min during infusion and continue until 30 minutes after completion of infusion
- Pre-treat patient with 650 mg PO acetaminophen and 25 mg IV Benadryl 30 minutes prior to each dose.
- Baseline FHR tracing 20-30 minutes pre-infusion
- Administer 125 mg in 100 ml 0.9% NaCl over 60 minutes.
- Post-infusion FHR tracing 20-30 minutes

IF ANY SIGNS OR SYMPTOMS OF ANAPHYLAXIS, STOP TREATMENT IMMEDIATELY and initiate “EMERGENCY ORDERS (INPATIENT HSR PROTOCOL MEDICATIONS)(Hypersensitivity Reaction)” located under “orders” (not “order sets”)
Iron Deficiency References:


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NOTIFICATION TO USERS

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur in pregnancy. They should not be interpreted as standard of care but instead represent guidelines for the management of these patients. Variation in practice should be taken into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina School of Medicine at Chapel Hill. They cannot be reproduced in whole or part without the expressed permission of the school.

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