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**Ferinject**® **Infusion Service at Frimley Park Hospital (FPH) Community Referral for Treatment**

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| **PATIENT Details** | |
| Name: | Date of Birth: |
| NHS Number: | Hospital Number: |
| Phone: | Mobile: |
| Emergency contact: Contact Number: | |

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| --- | --- |
| **PRESCRIBING DOCTOR Details** | |
| Name: | Date of referral: |
| GP Surgery: | Email: |
| Address: | Telephone: |

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| **Direct GP referral to IVAS for Iron infusion is only permitted for known causes of iron deficiency. New unexplained anaemia or other acute symptoms need to be referred to Ambulatory Emergency Care Unit (AECU) in the usual way for investigation. IVAS is a nurse led unit.** |
| Gastrointestinal  Diet Induced  Absolute or functional iron deficiency in patients with cardiac failure  CA |
| Chronic on-going iron/blood loss exceeding absorption caused by: |
| Gastrointestinal malabsorption of iron: |
| Other CHRONIC cause of iron deficiency (please specify): |

**Current Medications:**

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| --- | --- | --- | --- | --- | --- |
| **WE REQUIRE ALL BLOOD RESULTS TO BE AVAILABLE, THE RESULTS NEED TO BE RECENT, WITHIN 1 MONTH OF REFFERAL DATE** | | | | | |
| HB | Weight | Ferritin | Serum Iron | Transferrin | Transferrin saturation |
|  |  |  |  |  |  |
| Is the patient pregnant: | | | | | |
| Allergies: | | | | | |
| **PLEASE NOTE ANY OUTDATED OR MISSING DATA WILL RESULT IN REFFERAL BEING REJECTED AND RETURNED TO SENDER** | | | | | |

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| **F erinject only requires patient's current weight and current haemoglobin (Hb) level to calculate the required dose.** | | |
| **Hb 90g/L** | **Body weight 35kg to <70kg** | **Body weight >70kg** |
| **100** | **1500mg** | **2000mg** |
| **100 -** **140** | **1000mg** | **1500mg** |
| **140** | **500mg** | **500mg** |
| * A maximum single dose of 20mg/kg body weight up to 1000mg of iron can be administered by intravenous drip in fusion * A maximum single dose of 15mg/kg body weight up to 1000mg of iron can be administered by intravenous bolus injection * Do not administer 1000mg of iron more than once a week | | |

**For Service at Frimley Park Hospital please email this referral to f** [**hft.ivas@nhs.net**](mailto:hft.ivas@nhs.net)

For telephone queries please call 0300 613 3541 or 0300 613 2630

N.b. For Wexham Park Hospital Services please continue to refer via AECU (h ttps://[www.fhft.nhs.uk/gps/gp-centre/sdec-including-ambulatory-care/ )](http://www.fhft.nhs.uk/gps/gp-centre/sdec-including-ambulatory-care/))

**Accessible Information Needs (AIS):**

IVAS Community Iron Infusion Service Referral Form A.Barton Version 3



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| --- | --- |
| Contact: |  |
| Contact Title: |  |
| Contact Email: |  |
| Date First Uploaded: | January 2020 |

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| --- | --- |
| Review Date: | November 2025 |
| Date Updated: | November 2023 |
| New Review Date: |  |

Feedback Contact: D [XSfrimleyICS@nhs.net](mailto:XSfrimleyICS@nhs.net)

*(Note, patient information is not to be sent to this address)* FHC1061