



Cosmofer Infusion Prescription Chart

Name: _____
 Date of Birth: DD / MM / YYYY _____
 MRN Number: _____
 NHS Number: _____
 (OR AFFIX HOSPITAL LABEL HERE)

DRUG AND FOOD ALLERGIES AND SIGNIFICANT ALERTS			
Date	Drug/Food	Reaction Details	Sign
(If NIL KNOWN tick here, & date & sig) <input type="checkbox"/>			
To be completed by nurse/prescriber/ward nurse/pharmacy staff			

The following **MUST** be completed

Consultant	Speciality	Ward/Department
Date	Height (cm)	

A) Target Hb (g/L) (Male 130-180 Female 115-165)	B) Actual Hb (g/L)	C) Weight (kg) <i>(Please turn over for maximum weight and ideal body weight chart)</i>	IF BMI >30 use Ideal body weight (kg)
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CONTRAINDICATIONS	PROCEED WITH CAUTION
<ul style="list-style-type: none"> Non-iron deficiency anaemia Iron overload or disturbances in utilization of iron (e.g. haemochromatosis, haemosiderosis) Decompensated liver cirrhosis and hepatitis Acute renal failure Acute or chronic infection, because parenteral iron administration may exacerbate bacterial or viral infections. Drug hypersensitivity to iron mono - or disaccharide complexes or iron dextran. 	Increased risk of hypersensitivity reactions in patients with immune or inflammatory conditions e.g. asthma, rheumatoid arthritis, and atopic allergy.

Prescribing

*please use **actual body weight** unless the patient has a **BMI >30** then use **ideal body weight** (Please turn over for weight chart), use pre-pregnant weight if 2nd/3rd trimester)

$$\text{Dose} = [(A - B) \times C^* \times 0.24] + 500$$

$[(\quad - \quad) \times \quad \times 0.24] + 500 = \quad \text{mg}$
Round to the nearest 25mg, check this does **NOT** exceed **20mg/kg** by dividing by weight used above, THEN
 $\quad \text{mg} - 25\text{mg (test dose)} = \quad \text{mg}$
(Prescribe dose below)

Administration - See prescription below

Monitoring

Monitor observations every 15 minutes for the first hour, then every 30 minutes until 30 minutes after the end of the infusion. Monitor for other **adverse effects** e.g. rash, nausea, infusion site reactions. Delayed reactions; arthralgia, myalgia and fever, may occur 1 hour - 4 days after the infusion.

Further information

Please **inform the G.P** that the patient has received CosmoFer® and what the potential side effects may be. The GP should be advised to **re-check FBC and ferritin at 3 months**. Please see full policy (intranet > treatment guidelines) for further details.

ONCE ONLY MEDICATIONS

Date	Approved name	Dose	Route	Additional instructions/ Indication	Signature/ Bleep	Given by/ Time	Pharmacy
	SODIUM CHLORIDE 0.9% FLUSH	3-5 mL (5-10 mL if newly inserted PVC)	IV	For peripheral venous cannula as per PGD, pre and post infusion.	Pre infusion		
	COSMOFER	25mg (test dose)	IV	In 50mL of sodium chloride 0.9% over 15 mins.	Post infusion		
	COSMOFERmg	IV	In 500mL sodium chloride 0.9% at a rate of 50mL/hr for 1 hour then 100mL/hr for 1 hour then 150mL per hour thereafter.			

Please write **COSMOFER** (see chart) on the **ONCE ONLY** section of the patient's medicines chart

PRESCRIPTION CHART VALID FOR 6 MONTHS ONLY

If patient's weight is **greater than the maximum body weight (BMI >30)** given below, please **use ideal body weight** when calculating the Cosmofer dose.

Height		Maximum body weight (kg) [BMI = 30]	Ideal body weight (kg)	
Ft and inches	Metres		Male	Female
5'	1.52	69	50	46
5'1"	1.55	72	52	48
5'2"	1.57	74	55	50
5'3"	1.6	77	57	52
5'4"	1.63	80	59	55
5'5"	1.65	82	62	57
5'6"	1.68	85	64	59
5'7"	1.70	87	66	62
5'8"	1.73	90	68	64
5'9"	1.75	92	71	66
5'10"	1.78	95	73	69
5'11"	1.8	97	75	71
6'	1.83	100	78	73
6'1"	1.85	103	80	75
6'2"	1.88	106	82	78
6'3"	1.91	109	85	80
6'4"	1.93	112	87	82
6'5"	1.96	115	99	85

Ideal body weight calculated using equation

Height in inches

(Male) = 50kg +(2.3kg x height in inches over 5 feet)

(Female) = 45.5kg + (2.3kg x height in inches over 5 feet)

Height in cm

(Male) = 50Kg + [0.89 x (height {cm} – 152.4)]

(Female) = 45.5Kg + [0.89 x (height {cm} – 152.4)]

BMI calculated using equation: BMI = weight (kg)/height (m)²