

Maximising PO absorption

Ensure below advice has been followed before considering IV iron:

1. Side effects are from failure to absorb.
2. Absorption is improved if taken on an empty stomach.
3. Tea and wholemeal foods should be avoided for an hour either side of dose.
4. Consider every other day dosing; can be as effective and cause fewer side effects.

IV iron Indications

- Intolerant or refractory to oral iron despite the above advice
- **Symptomatic** severe anaemia (Hb <70) where there is a preference to increase the Hb quickly (e.g. severe fatigue affecting activities of daily living)
- Cardiovascular compromise
- Urgent surgery within 6 weeks
- >34 weeks pregnant + Hb <100 g/L
- Chronic inflammatory disease i.e. IBD/RA
- CKD: see Trust Renal anaemia guideline

[View UHB guidelines for side effects and contraindications](#)

Blood Transfusion

Only if cardiovascular compromise OR chest pain
OR new ECG changes
Fatigue is not an indication
[If unsure discuss with haematology](#)

Transfuse 1 unit then reassess Hb and symptoms
Can transfuse IV iron on the same day

Ferric derisomaltose

Maximum dose = 20mg iron/kg

Weight	Hb (g/L)	
	< 100	>100
25 - 45 kg	500 mg	500 mg
50 kg	1000 mg	1000 mg
55 kg	1100 mg	
60 kg	1200 mg	
65 kg	1300 mg	
70 kg	1400 mg	
75 kg	1500 mg	
80 kg	1600 mg	
85 kg	1700 mg	
90 kg	1800 mg	
95kg	1900 mg	
>100 kg	2000 mg	

When to consider endoscopy

Before considering endoscopy

1. Is there a clear alternative cause for IDA? (e.g. menorrhagia, haematuria, cancer)
2. Is this patient fit for endoscopy and able to undergo bowel prep?
3. Does the patient agree to the procedure?
4. Is there an endoscopy within 2 years?
5. Where possible to be discussed with SDEC consultant before requesting

2ww upper/lower endoscopy if:

- IDA with no clear cause
- All men and postmenopausal or Amenorrhoeic women, unless overt non-gastrointestinal bleeding
- Over 50 years or Premenopausal women under 50 with marked IDA + GI symptoms or family history of GI cancer or persistent IDA despite treatment even if coeliac.

This is not an exhaustive list; clinical judgement must be used.

Iron Deficiency Anaemia MSDEC Pathway

