

Iron – markers and administration

Iron markers and administration can vary across different medical units. Markers such as mean corpuscular volume (MCV), transferrin saturation, and serum ferritin are monitored over time. Transferrin saturation below 20% and/or ferritin levels below 100 g/L are generally considered indications for iron therapy.

The choice of iron type (Sucrose or Dextran) and the timing and method of administration differ among units. Some units do not have specific guidelines regarding the timing of administration, while others find that iron therapy is more effective when given during the last hour of treatment.

Many units utilize intravenous (IV) pumps to ensure controlled delivery of iron. Some units mentioned using the heparin pump for this purpose, diluting the iron in 20 cc of saline, and administering it via the heparin pump over the last hour of treatment. However, it was noted that dialysis machine providers do not endorse the use of the pump for this purpose. Units that do not use pumps administer the iron through the arterial port and emphasize the importance of removing air from the set before administration.

Always looking forward to more discussions on all Renal related issues!
Chava & Sabine