THE INFUSION ROOM
by CAPE GASTRO

# IRON INFUSION CONSENT FORM

**Informed consent to receive intravenous iron replacement therapy**

The patient understands that the administration of iron comes with the following risks, including but not limited to:

- Anaphylactic reactions, which in rare cases may be potentially fatal
- Para-venous leakage - leakage of iron at injection site, potentially leading to long-lasting skin discolouration
- Skin irritations
- Headaches, light-headedness
- Tachycardia, hyper/hypotension
- Nausea, stomach pain, constipation, diarrhoea and vomiting

**Minor reactions** to iron infusion may last up to 48 hours post injection – see below.

Understanding these risks, the patient gives authority for Sr. Pippa Hime/Dr Rush to administer all necessary first aid and/or resuscitation measures, including alerting an ambulance and emergency contact, in the unlikely event that an adverse or anaphylactic reaction occurs.

As iron infusion is **not suitable** for patients in certain conditions, the patient declares that none of the below listed is applicable – please notify Sr. Pippa or Dr Rush should any of these apply to you:

- **pregnancy in the first trimester**
- **dialysis**
- **allergy to Ferric Carboxymaltose (previously infused iron compounds)**
- **iron overload disorders (Haemochromatosis)**
- **non-iron deficiency related anaemia**
- **suffering from fever/sepsis**

In the case of Monofer infusion to persons under the age of 18-years, please note that this is off-label use and at the discretion of the referring doctor – each case is decided upon on an individual, case-by-case basis.

**List of common side effects** (occurs in 1-10% of cases): headache, flushing, nausea, low blood phosphate levels, injection/infusion site reaction.

**List of uncommon/rare side effects** (occurs in <1% of cases): hypersensitivity; numbness; increased heart rate; hypotension; difficulty breathing; taste disturbance; vomiting; dyspepsia; flatulence; abdominal pain; constipation; diarrhoea; itchiness; hives (urticarial); redness (erythema); rash; muscle pain or spasm; back, joint or chest pain; fever; fatigue; accumulation of fluid in periphery; pain and chills; anaphylaxis; rigors; malaise.

THE INFUSION ROOM
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| PATIENT DETAILS | Title:Mr / Mrs / Miss / Ms / Dr | |
|---|---|---|
| Full name: | | Address: |
| ID no or DOB: | | |
| Mobile no: | | |
| Email address: | | Occupation: |
| Previous intravenous infusions: | Yes / No | |
| If **yes**, please list the agent infused and the date the infusion was given: | | |
| Known allergies: | Yes / No | |
| If **yes**, please list the specific agent that reacted and the reaction experienced: | | |

| MEDICAL AID DETAILS | | | |
|---|---|---|---|
| Medical aid scheme: | | | |
| Medical aid no: | | Plan: | |
| Main member details: | | | |
| Infusion authorisation no: | | | |
| Infusion administered by: | | | |

| IN THE EVENT OF AN EMERGENCY | | | |
|---|---|---|---|
| Referring doctor: | | | |
| Next of kin name: | | Relationship: | |
| Mobile no: | | | |

As stated above and below, the patient has read the information provided in this document and understands that they are requesting medical intervention in the form of intravenous iron infusion, and that the procedure is undertaken entirely at their own risk and cost.

| Name: | Date: | Signed: |
|---|---|---|
| | | |