



Issue: **Iron Infusions**

Raised by: Kathy Williams (CA DMO) & Andrea Rolfe (former CNM, Flynn Drive Renal Unit)

Background: It has been debated for some time whether providing iron infusions in remote health centres should occur or not.

The logistics and cost associated with arranging travel to hospital or urban renal unit, social disruption and client preference, and workload in renal units, may each be factors in making local administration of iron a preferred option.

Approximately 90 iron infusions are performed each year on clients from DHCS Remote Health Centres. While many of these would still need to occur in urban renal units or hospitals, there remain a number of cases where performing the infusion in the client's home community is a possibility.

Discussion: Safety of infusions has been the primary concern when first looking at this issue. While this has generated a prolonged debate, the reality is that reactions are infrequent; probably far less likely to occur than reactions to IV administration of antibiotics, which are given routinely in remote health centres.

Discussion has then been dominated by concerns over the imposition of administering infusions when staffing, facilities and the unknown nature of remote work are limitations.

Balancing the arguments, the Best Practice Group believe it is appropriate to conduct iron infusions in Remote Health Centres, providing:

- A medical officer is present in the health centre
- A RAN or MO (with appropriate resuscitation skills) will be available for one on one care throughout the duration of the infusion
- Infusion is administered by infusion pump
- Infusion is not administered to children
- Health centre staff are comfortable to proceed subject to other suitable conditions being met

The provision of a protocol should in no way pressure Remote Health Centre staff to be obliged to conduct iron infusions. The protocol that is to be made available is provided to guide staff where the decision is made to proceed with infusion at the community level.

Consultation: Nursing staff and nephrologists from Flynn Drive and Nightcliff Renal Units

References: ASH Adult General Procedure Manual – Intravenous Iron Infusion, CARI Guidelines for Haematological targets – Iron (<http://www.cari.org.au/Iron.pdf>)

Outcome: **A [protocol](#) for administering iron infusions in Remote Health Centres has been endorsed.**

The protocol will be circulated by hard copy for inclusion in the Remote Health Branch "Additional Clinical Protocols" folder.