



PREOPERATIVE ANAEMIA PATHWAY

Surname:	Patient ID No.
Forename:	DOB: / / Age:
NHS Number:	Likes to be called:
Address:	
	Postcode:
Tel. No.	Mobile No.
Religion/Spirituality:	Gender:
Next of Kin: Name	Contact No.
GP Name:	
GP Practice:	

Planned Operation:	Consultant:
	Planned Operation Date: / /

Patient ID band applied by	Print name	Signature

Assessed by: **Designation:**

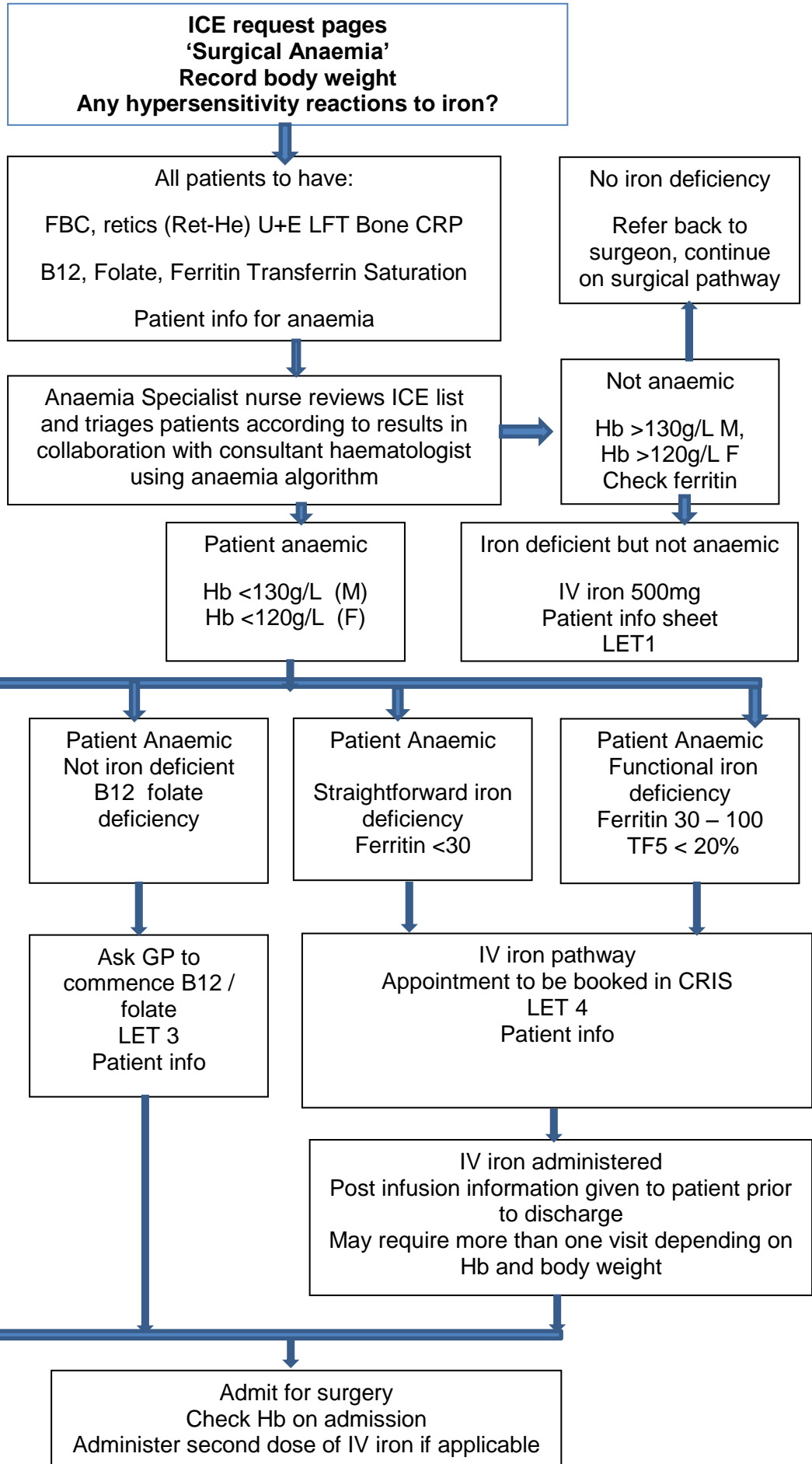
Patient History	Y	N	Comments
Acute or chronic infection			N.B. These patients are at higher risk for adverse reaction from IV iron preparations.
Asthma, eczema, other atopic allergy			
Immune or inflammatory conditions			

ALLERGIES
Known allergy to any iron preparations? Yes <input type="checkbox"/> No <input type="checkbox"/> Any other allergies:

Blood Results from Listing visit	Date of test:
FBC & retics (Ret-He) MCV	Ferritin B12 / folate
Transferrin Saturation CRP	U+E LFT
Body Weight	

Pre-operative Anaemia Pathway in General Surgery

**Patient listed for Major Cancer Surgery
(Upper GI, Colorectal, HPB, Uro-oncology)**



Treatment plan	
Date	

PATIENT INFORMATION PROVIDED

Iron in your diet <input type="checkbox"/> date given.....	Anaemia <input type="checkbox"/> date given.....
Oral Iron <input type="checkbox"/> date given.....	Ferinject <input type="checkbox"/> date given.....

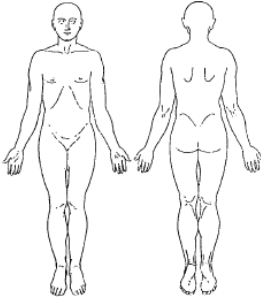
REFERRALS MADE

LETTERS SENT

Admission for IV Iron

Date of Admission: / /			Time:hrs			
Baseline observations	BP	Pulse	Temp	Resps	EWS	Weight
Obs at end of infusion	BP	Pulse	Temp	Resps	EWS	
Obs 30 minutes post end of infusion	BP	Pulse	Temp	Resps	EWS	

Peripheral Cannula Insertion Record

Date and time of Insertion: _____ Type of Device: _____ Batch Number: _____ Name of person inserting device (Sign and Print): _____	Site of insertion: <div style="text-align: center; margin-top: 20px;">  </div>
---	---

Pre-insertion Check list

Sodium Chloride 0.9% flush prescribed?	Yes / No
Drug therapy and duration suitable for peripheral vascular access device?	Yes / No

Cannula Insertion Checklist

Informed verbal consent gained?	Yes / No	
Hand hygiene prior to insertion?	Yes / No	
Barrier precautions (Non-sterile gloves and apron)	Yes / No	
ANTT used?	Yes / No	
Number of attempts	1	2
Sterile permeable dressing applied over?	Yes / No	
Dressing date strip completed and attached to side of dressing?	Yes / No	
Cannula flushed?	Yes / No	
Safe disposal of sharps?	Yes / No	
VIP Score pre-infusion		

Management of paravenous leakage with ferric carboxymaltose (Ferinject ®)

Paravenous leakage of ferric carboxymaltose at the injection site may lead to irritation of the skin and potentially long lasting brown discolouration at the site of injection. In case of paravenous leakage, the administration of Ferinject must be stopped immediately; the cannula or butterfly should be removed immediately. Apply a cold compress and encourage elevation and mobilisation of the limb. Prescribe and administer appropriate analgesia if the patient complains of pain.

Date/Time	VARIANCES / NURSING NOTES	Signature & Designation

DISCHARGE

Cannula Removal

Enter ✓, V, NA (please record Variances in box below)

- All intravenous therapy discontinued?
- Hand hygiene prior to removal?
- Barrier precautions (Non-sterile gloves and apron)
- ANTT used?
- Sterile dressing applied over site? (e.g. Band Aid plaster)

VIP SCORE Post-infusion _____

Name of person removing device (Sign and Print): _____

Date and Time of Removal: _____

DISCHARGE CRITERIA / CHECKLIST

Enter ✓, V, NA (please record Variances in box below)

- Observations stable and within patient's normal limits
- Patient orientated in time, person and place
- Patient received full explanation and written instructions
- If the patient has hearing/visual communication problems has the information been given in the presence of interpreter/family/carer?
- Discharge letter completed
- Follow up appointment

Date/Time	VARIANCES / ADDITIONAL NOTES	Signature & Designation

Signature: Date/...../.....
 Print Name Designation

Visual Infusion Phlebitis (VIP) Score

IV Nurse Specialist should be contacted at the first indication of infusion phlebitis, (Stage 2 on VIP score chart). A. Jackson (1998).
Reproduced with permission (2010)

IV site appears healthy	0	No signs of phlebitis - OBSERVE DEVICE
ONE of the following is evident: Slight pain near the IV site OR Slight redness near the IV site.	1	Possibly first signs of phlebitis – OBSERVE DEVICE
TWO of the following are evident: Pain at IV site, Erythema, Swelling	2	Early stage of phlebitis – RESITE DEVICE & report as Incident on Ulysses
ALL of the following signs are evident: Pain along path of cannula AND Erythema AND Hardening	3	Medium stage of phlebitis – RESITE DEVICE & CONSIDER TREATMENT
ALL of the following signs are evident: Pain along path of cannula AND Erythema AND Hardening AND Palpable venous cord.	4	Advanced stage of phlebitis or the start of thrombophlebitis - RESITE DEVICE CONSIDER TREATMENT
ALL of the following signs are evident: Pain along path of cannula AND Erythema AND Hardening AND Palpable venous cord AND Pyrexia	5	Advanced stage of thrombophlebitis – INITIATE TREATMENT, RESITE DEVICE

Tick	Generic Codes for All Specialties
	I259 = Ischaemic heart disease
	I501 = Left Ventricular Failure
	I500 = Congestive Cardiac Failure
	I20 = Hypertensive renal disease
	I209 = Angina
	I48X = Atrial fibrillation
	I679 = Cerebrovascular disease
	I64X = Stroke, not specified
	G819 = Hemiplegia
	J439 = Emphysema
	J449 = COPD/COAD
	J459 = Asthma
	J969 = Respiratory Failure
	N189 = Chronic kidney disease, unspecified
	N19X = Renal failure
	N179 = Acute renal failure
	I120 = Hypertensive renal disease
	R33X = Urinary retention
	R17X = Jaundice
	G409 = Epilepsy
	F03X = Dementia
	F840 = Autism

Tick	Procedure Code / HRG code
	SA04F = Iron deficiency anaemia
	SA04D = Iron deficiency anaemia with complex co morbidities
	X28.1 = IV infusion of iron

Tick	Generic Codes for All Specialties
	R13X = Dysphagia
	E108 = IDDM with unspecified complications
	E109 = IDDM without complications
	E118 = NIDDM with unspecified complications
	E119 = NIDDM without complications
	F171 = Current smoker
	K703 = Alcoholic cirrhosis of liver
	A419 = Sepsis (unspecified)

Ferinject (ferric carboxymaltose) prescription proforma for patients with functional iron deficiency or iron deficiency anaemia awaiting major surgery.

Part 1: Determination of the iron dose required (Circle appropriate total dose):

Hb g/L	Patient body weight		
	below 35 kg	35 kg to <70 kg	70 kg and over
<100	500 mg	1,500 mg	2,000 mg
100 to 140	500 mg	1,000 mg	1,500 mg
>140	500 mg	500 mg	500 mg

Part 2: Recommended dose of ferinject (NB maximum dose given at one time is 1000mg and subsequent dose must be given a week later)

Ferinject must be prescribed on a Trust Prescription chart

Date	Dose number	Dose to be given
	Dose 1	e.g. 1000mg
	Dose 2 (if required)	e.g. 500mg

Part 3: Administration and monitoring:

Ferinject should be administered as an **intravenous infusion**. For a 500mg dose of Ferinject dilute with 100ml of sodium chloride 0.9% and infuse over 15 minutes. For a 1000mg dose of Ferinject dilute with 250ml of sodium chloride 0.9% and infuse over 15 minutes. The preparation must be used immediately after reconstitution.

The patient should be observed for adverse effects for at least 30 minutes following each Ferinject injection. Ferinject should only be administered when staff trained to evaluate and manage anaphylactic reactions is immediately available, in an environment where full resuscitation facilities can be assured.

Management of paravenous leakage with ferric carboxymaltose (Ferinject®)

Paravenous leakage of ferric carboxymaltose at the injection site may lead to irritation of the skin and potentially long lasting brown discolouration at the site of injection. In case of paravenous leakage, the administration of Ferinject must be stopped immediately; the cannula or butterfly should be removed immediately. Apply a cold compress and encourage elevation and mobilisation of the limb. Prescribe and administer appropriate analgesia if the patient complains of pain.

Anaphylaxis

There is a risk of anaphylaxis and hypersensitivity reactions with ferric carboxymaltose.

Hypersensitivity is uncommon ($\geq 1/1000$ to $< 1/100$) and anaphylactoid reactions are rare ($\geq 1/10000$ to $< 1/1000$).