Oral Iron Preparations

Aim/Purpose/Background

- To ensure that formulary oral iron preparations are used
- To ensure that Oral iron preparations are prescribed and reviewed appropriately
- CCG formulary choice - Ferrous Fumarate first line with Ferrous Sulphate second line
- [http://cks.nice.org.uk/anaemia-iron-deficiency#!topicsummary](http://cks.nice.org.uk/anaemia-iron-deficiency#!topicsummary)
- Reduce cost and improve quality of prescribing

Guidance for Action

- Run a report to identify all patients’ currently taking oral iron
- By selecting the Action Group tick box on the right hand screen (Report on Medication) and enter any oral iron (e.g., ferrous sulphate) in the top box. This will show a hierarchy enabling you to select the Oral Iron group option.
- Add dosing instructions to the report (For SystmOne use data output function)
  - Before starting oral iron the patient should have a full blood count. The key figures to look at are Haemoglobin (HB), Mean corpuscular volume (MCV) and Ferritin. This is to ascertain the type of anaemia.
  - If it is iron deficiency then has the underlying cause been determined?
  - Is the dose appropriate i.e. 1 tablet three times a day, if not tolerated at higher dose (documented side effects) then 1 tablet twice daily
  - Has Hb been re-checked within 4 weeks of initiation of treatment to check response?
  - If no response, has appropriate action been taken? People should undergo specialist assessment if there is a lack of response (that is, an increase of less than 2 g/100 mL in the haemoglobin level) after 2–4 weeks.
  - Once Hb levels normalise continue Rx for 3 months then stop treatment
  - Is Hb re-checked 1 year after stopping?
  - Consider prophylactic iron (1 tablet od) in those at risk of recurring anaemia

- Any necessary amendments to the prescription MUST be agreed by a GP (either by ‘task’ or spreadsheet)
- Method of informing patients to be agreed with the practice.