

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>
- 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 (eg 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.**

