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**Single Dose Intravenous Ferric Carboxymaltose: Impact on a Nurse-Led Intravenous Iron Clinic for Patients with Non-Dialysis-Dependent Chronic Kidney Disease**

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Over the past 10 year period, there has been an increasing focus on managing anaemia in patients with non-dialysis-dependent chronic kidney disease (NDD-CKD). In addition to the use of erythropoiesis stimulating agents (ESAs), there has been an emerging interest in the use of intravenous (IV) iron preparations to treat anaemia in this patient population. This paper reports the impact of introducing a novel IV iron therapy to our outpatient IV iron clinics for patients with NDD-CKD.

Our original IV iron protocol involved the administration of iron sucrose 200mg over 10 minutes (as a bolus injection) weekly for 4 weeks. However, due to the large geographical area covered by our CKD service, we introduced the single dose preparation ferric carboxymaltose (FCM). FCM may be administered in a 500 – 1000mg dose (depending on body weight) as a rapid 15 minute infusion. As a test dose is not required, it is extremely appropriate for use in busy nurse-led IV iron clinics.

Firstly, we assessed the impact of FCM on the haemoglobin (Hb), ferritin, and transferrin saturation levels of 50 consecutive patients in our IV iron clinic. Preliminary findings demonstrated that single dose FCM was associated with significant improvements in Hb and iron status, at least equivalent to multiple doses of iron sucrose. Secondly, we evaluated patient attitudes towards the new IV iron regimen. Patients identified fewer venepunctures (1 versus 4), no injection site discomfort, fewer hospital visits, and less interruption of lifestyle as positive outcomes associated with the FCM protocol. Furthermore, the use of FCM reduced waiting time and waiting list pressure, and also reduced material and hospital costs.

To conclude, based on the evidence generated from our initial trial of using FCM, we have now converted our IV iron protocol to FCM. Although the evaluation of FCM in our NDD-CKD population is ongoing, we are continuing to observe the benefits of using this preparation, both in terms of patient outcomes and cost effectiveness.

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